

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

BEGINNING 1910



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF Health BUREAU OF Vital
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

Record Identification

| | | | | | |
|---|---|--|--|--|--|
| 1. TITLE: Certificate of Death | | 2. Form No. if available | | 3. Type—(cards, paper, etc.) Bound Book | |
| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record Misc. | 7. Number of copies made One (1) | | |
| 8. Authorization Requested (check only one (1) of the squares below) | | | | | |
| A. Establish retention period for <input type="checkbox"/> records which are accumulating daily. | | B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/> | | C. Microfilm and destroy originals. <input type="checkbox"/> | |
| D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/> | | | | | |
| 9. Recommended Retention Period | | | 10. Equipment and space freed. | | 11. In your opinion does this record have any historical significance? |
| a. In Dept. 12 yrs. | b. In Storage Center Micro. Perm. | c. Total 12 yrs. and Micro. Perm. | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.) | | | | | |

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Robert E. Farber, M.D.
Title: **Commissioner of Health**

3/28/63
Date

Recommendation of Records Management Officer

| | | | | | |
|-------------------------------------|--|--|--|---|--|
| 13. Recommended Retention Period | | | 14. Disposal Method | | |
| a. In Dept. 12 yrs. | b. In Storage Center Microfilm Permanent | c. Total 12 yrs. and Microfilm Permanent | A. To be sold as scrap or waste paper <input type="checkbox"/> | B. To be Burned or shredded <input checked="" type="checkbox"/> | C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/> |
| REMARKS: <i>2 negative rolls</i> | | | | | |
| | | | <i>C. J. Force</i> Records Management Officer | | 3/28/63 Date |

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

27626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27626

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 8-4 St., 8-4 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Carter

(a) Residence: No. 2110 E. Hoffman St. Ward. H

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/36

7. AGE Years Months Days If LESS than 1 day, 6 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind -

13. NAME Richard Carter

14. BIRTHPLACE (city or town) (State or country) Ind -

15. MAIDEN NAME Shirley Waugh

16. BIRTHPLACE (city or town) (State or country) Ind -

17. INFORMANT Reinas

18. BURIAL, CREMATION, OR REMOVAL

Place H. Med School Date Sept 28 1936

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1936 to 9/20 1936

I last saw him alive on 9/19 1936. Death is said to have occurred on the date stated above, at 4:35 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset 9/19/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John H. Worthington M. D.

(Address) John H. Worthington

28 1936

John H. Worthington
2607
PPH

27627

F 27627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore 11-19* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *5802 Berkeley Ave* St., *Hampden* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 6, 1935*7. AGE Years *1* Months *2* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *William T. Hemmley*14. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)15. MAIDEN NAME *Jewel La Luca*16. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)17. INFORMANT *William T. Hemmley* (Address) *5802 Berkeley Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Landon Park* Date *Sept. 29, 1936*19. UNDERTAKER *Martin Taylor & Sons* (Address) *1827 N. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/27, 1936*22. I HEREBY CERTIFY That I attended deceased *8/22, 1936* to *9/27, 1936*I last saw him alive on *9/27, 1936* Death is said to have occurred on the date stated above, at *9:00 P.M.*

The principal cause of death and related causes of importance were as follows:

*Acute Epiglottitis of right hemispheres
Influenza pneumonia*

Date of onset

*8/20/36**9/14/36*

Other contributory causes of importance:

Name of operation *Incision & drainage right hemispheres*Date of *8/22/36*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, *Yes*(Signed) *William T. Hemmley*(Address) *West Baltimore 11-19*

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EP 28 1936

Huntington Williams, MD Registrar.

F 27628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 17363

F 27628

47-B.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-3 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME Michael Aut(a) Residence: No. 2515 Eastern Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widower6. If married, widowed, or divorced
HUSBAND of Josephine?
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18787. AGE 58 Years ____ Months ____ Days ____ If LESS than
1 day, ____ hrs. ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. unknown9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Michael Aut14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Katherine?16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 9/30 193619. UNDERTAKER John J. Dugda
(Address) 2811 Harrison St.
Huntington Williams, MD

P 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 193622. I HEREBY CERTIFY, That I attended deceased from
9-23 1936 to 9-27 1936I last saw him alive on 9-27 1936 Death is said
to have occurred on the date stated above, at 1 A.The principal cause of death and related causes of
importance were as follows:Lung Abscess & Hemorrhage Date of onset 6 mos.

Other contributory causes of importance:

Carcinoma of Lung UnkWas an operation performed? No Date of ____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Date of injury ____ 19 ____

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No

If so, specify

(Signed) John I. Ramey M.D.(Address) Baltimore City Hospital

F 27629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27629

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 Holder Ave.

St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Charles P. Weber

(a) Residence: No. 5316 Holder Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or WIFE of)

Maude A. Weber

6. DATE OF BIRTH (month, day, year) April 5, 1861

7. AGE Years 70 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Peter Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Hepp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John W. Webster

(Address) 5316 Holder Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre

Date Sept 26, 1936

19. UNDERTAKER

(Address)

Leonard J. French
5305 Thacker Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

Coroner

M. D.

(Address)

1919 E. North Ave.

28 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17391

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 7-1 Ward)

Length of residence in city or town where death occurred 57 yrs. 57 mos. 57 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Euse Sturn

(a) Residence: No. 2003 Bank St. St. 7-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Gustav
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-1879

7. AGE Years 57 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME William Trollenberg

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Pauline Moritz

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Sept. 30 1936

19. UNDERTAKER J. A. Drazewsky (Address) 1930 Eastern Ave.

20. FILED Sept 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-36

22. I HEREBY CERTIFY, That I attended deceased from 9-24-36 to 9-26-36 1936

I last saw h. er alive on 9-26-36 Death is said to have occurred on the date stated above, at 3:30 A.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset 1 yr

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John F. Ranney
Baltimore City Hospts.

P 28 1936

27631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27631

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp.* St. *27-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *39* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Mitchell Rosiak*If U.S. Veteran
specify WAR(a) Residence: No. *2924 Sylvan Ave*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *M*5a. If married, widowed, or divorced
HUSBAND of *Maria Rosiak*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3-24-1897*7. AGE Years *39* Months *6* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pharmacist*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pharmacy*
10. Date deceased last worked at this occupation (month and year) *June, 1936* 11. Total time (years) spent in this occupation *17 yrs*12. BIRTHPLACE (city or town) *Balto. md.*
(State or country)13. NAME *Julian Rosiak*
14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *Pelagian*
16. BIRTHPLACE (city or town) *Poland*
(State or country)17. INFORMANT *Hoop, Records*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary, Sept. 28, 1936*19. UNDERTAKER *W. J. Pasiecznik*
(Address) *1930 Western Ave*20. *28 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-28*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *8-17*, 19 *36* to *9-28*, 19 *36*I last saw him alive on *9-28*, 19 *36*. Death is said to have occurred on the date stated above, at *3:40 p.m.*

The principal cause of death and related causes of importance were as follows:

*Congestive heart failure*Date of onset
Aug 1936

Other contributory causes of importance:

*Rheumatic C.V. Disease**1909**Hypertensive Renal C.V. Disease* *1930(?)*Was an operation performed? *yes* Date of *9-16-36*For what disease or injury? *Heart disease*
*Thyroidectomy*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *-* Date of injury *-*, 19 *-*Where did injury occur? *-*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *-*Manner of injury *-*
Nature of injury *-*24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *-*Signed *J. Freeman*, M. D.(Address) *Mercy Hospital*

OCCUPATION is very important. See instructions on back of certificate.

27632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27632

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Riggs Ave. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Shirley May Jackson

(a) Residence: No.

1723 Riggs Ave. S.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1936

7. AGE Years Months Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Eligh Jackson

14. BIRTHPLACE (city or town) Cullen, Charles Co. Va. (State or country)

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Cheraw North Carolina (State or country)

17. INFORMANT Mary Jackson (Address) 1723 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL Place N. Med. School Date Sept 28, 1936

19. UNDERTAKER Commissioner of Health (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1936, to Sept 28, 1936

I last saw her alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Intrauterine hemorrhage

Date of onset

9-27-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Eligh B. McWally M. D. (Address) University Hosp.

28 1936

2008

Registrar.

27633

F 27633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Aged Women's Home
CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Adeline Wideman
(a) Residence: No. 1404 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22, 1845
7. AGE Years 90 Months 9 Days 35 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Mary E. Forestal (Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL St. John's Church Date Sept 29, 1936

19. UNDERTAKER J. J. Edwards (Address) 23 E. Edwards St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927, to Sept. 28, 1936.

I last saw her alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach

Date of onset

?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. J. Edwards M.D.

(Address) 1115 St. Paul St., City.

28 1936

Registrar.

F 27634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27634

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* St. *16-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *19* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *William David Meekins*If U. S. Veteran
specify WAR(a) Residence: No. *1529 W. Lanvale*
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1910*7. AGE Years *26* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Presser*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Tailor shop*10. Date deceased last worked at this occupation (month, day, year) *August 1936* 11. Total time (years) spent in this occupation *1*12. BIRTHPLACE (city or town) *Dorchester*
(State or country) *Maryland*13. NAME *SHERMAN MEEKINS*14. BIRTHPLACE (city or town) *CAMBRIDGE*
(State or country) *MARYLAND*15. MAIDEN NAME *RACHAEL*16. BIRTHPLACE (city or town) *Dorchester*
(State or country) *MARYLAND*17. INFORMANT *RACHAEL MEEKINS*
(Address) *1529 W. LANVALE ST.*18. BURIAL, CREMATION, OR REMOVAL
Place *CAMBRIDGE, MD* Date *9-29* 193619. UNDERTAKER *R. C. RICHARDSON INC.*
(Address) *1120 DRUID HILL AVE.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-27* 193622. I HEREBY CERTIFY, That I attended deceased from *8-28* 1936 to *9-27* 1936I last saw him alive on 19 Death is said to have occurred on the date stated above, at *450 A.* m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

*9-26-36**Unresolved lobar pneumonia**8-28-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *K. K. Jackson* M. D.(Address) *600 N. Arlington*

OCCUPATION is very important. See instructions on back of certificate.

28 1936

M. D. B. 1268-2
F 27635

F 27635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 W. Barre St. St. 21-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Brown

(a) Residence: No. 1053 W. Barre St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John E. Brown (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 27, 1876

7. AGE Years 59 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Thomas Rose

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Fannie Tolley

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Madeline C. Brown (Address) 1053 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Sept 30, 1936

19. UNDERTAKER William Cook (Address) 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. H. Nelson M. D.

(Address) 2757 N. 12th

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

SEP 29 1936

F 27636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27636

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen Hospital

CITY OF BALTIMORE: (No. 1508)

Length of residence in city or town where death occurred

60

yrs.

mos.

ds.

How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

William B Dixon

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veterans

specify WAR

No Record

(a) Residence: No.

1508 Gorsuch

Gene (H) Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed, or divorced

Name of

Manda G. Dixon

6. DATE OF BIRTH (month, day, year)

Nov 22, 1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs.

62

10

4

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa.

FATHER

13. NAME

George M. Dixon

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Oxford Md

15. MAIDEN NAME

Hannah Schenck

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Wm. B. Dixon

(Address)

1508 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Gorsuch Ave

Date

Sept 30, 1936

19. UNDERTAKER

(Address)

Wm. Cook

1217 St Paul St

Huntington, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/26/36

19

22. I HEREBY CERTIFY, That I attended deceased from

9/8/36

19

to 9/26/36

19

I last saw him alive on 9/24/36

19

Death is said

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prostatic hypertrophy

Other contributory causes of importance:

Urinary Retention

Anemia - myocarditis

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

W.P. Stephens

M. D.

Md. Gen. Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 27636

F 27637

F 27637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Ellamont St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Caroline Remond Alexander

If U. S. Veteran

specify WAR No Record(a) Residence: No. 1730 Ellamont St., 15 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ac. 4. Color or Race Wh. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of James Alexander6. DATE OF BIRTH (month, day, year) Oct 2 18487. AGE Years 89 Months 11 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Elizabeth Alexander14. BIRTHPLACE (city or town) (State or country) Penn a15. MAIDEN NAME Elizabeth Alexander16. BIRTHPLACE (city or town) (State or country) Penn a17. INFORMANT James Alexander(Address) 1730 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL

Place London TankDate Sept 30 193619. UNDERTAKER Wm. Beale(Address) 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/36 1922. I HEREBY CERTIFY, That I attended deceased from 9/25/36 to 9/25/36 19I last saw him alive on at 4 PM 19. Death is said to have occurred on the date stated above, at 2:32 AM 19

The principal cause of death and related causes of importance were as follows:

Stroke rupture of blood vessel of Colon

Other contributory causes of importance:

NoneWas an operation performed? No Date of NoneFor what disease or injury? NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Beale(Address) 1217 St. Paul St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

v s 3

SEP 29 1936

27638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* St. *W* Ward)Registered No. *96*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *24* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? *24* yrs. *2* mos. *2* ds.

2. FULL NAME

*Joseph Edward Harmon*If U. S. Veteran specify WAR *No Record*(a) Residence: No. *Harrison, Md.* St. *W* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Ethel Harmon* (last name of wife)6. DATE OF BIRTH (month, day, year) *Jan 13 - 1866*7. AGE Years *70* Months *8* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Utility Man* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hunt Club* 10. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *26*12. BIRTHPLACE (city or town) *Mc Gaysville Va.* (State or country)13. NAME *Frank Harmon*14. BIRTHPLACE (city or town) *Va.* (State or country)15. MAIDEN NAME *Lucinda Michael*16. BIRTHPLACE (city or town) *Va.* (State or country)17. INFORMANT *Samuel E. Harmon* (Address) *Harrison Md*18. BURIAL, CREMATION, OR REMOVAL Place *Stone Chapel* Date *Oct 18 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St. Paul St*20. FILED *1936* 19 *10* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 28 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 26 1936* to *Sept. 28 1936*I last saw him alive on *Sept. 28 1936* Death is said to have occurred on the date stated above, at *4:45 PM*.

The principal cause of death and related causes of importance were as follows:

Ruptured abdominal Aneurysm Date of onset *?*

Other contributory causes of importance:

Was an operation performed? *No* Date of *?*

For what disease or injury?

Name of operation *Autopsy* Date of *?*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *No* Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. Leslie Fanning* M. D.(Address) *Union Memorial Hospital*

OCCUPATION is very important. See instructions on back of certificate.

F 27639 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt., St. 14 Ward 2)

16742

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mary Ruff

(a) Residence: No. 1520 Madison Ave. St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of John Ruff
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-3-1888 1879

7. AGE 57 Years 8 Months 22 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Ruff

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georganna Marshall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place mt. Auburn Date Sept 30, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schickel St.

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1936, to 9-25, 1936

I last saw him alive on 9-25, 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix uteri

Date of onset ?

Other contributory causes of importance:

Bronchopneumonia

3 days

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? physical an autopsy no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. H. Hoover M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 27640

Clarence E Frey

F 27640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-1 Ward)

Registered No. 15399

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth? yrs... mos... ds.

2. FULL NAME Clarence Frey

(a) Residence: No. 330 N. Bruce St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married (sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 11/20/1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 43 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0023

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Noah Frey

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Oct 1, 1936

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. ...

20. FILED

EP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-29-1936 to 9-27-1936

I last saw him alive on 9-27-1936 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 9-24-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Ramsey
Baltimore City Hospital

F 27641

F 27641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17445

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16 - W 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Johnson

(a) Residence: No. 1704 W. Lenvale St. (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) M

6a. If married, widowed, or divorced HUSBAND of Gid Johnson (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years 42 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica

13. NAME Daniel Watts

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME Mary Forrest

16. BIRTHPLACE (city or town) (State or country) Jamaica

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER 100 Brantley ave (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1936 to 9-27, 1936

I last saw her alive on 9-27, 1936 Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 9-26-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed)

(Address)

John F. Rainey M.D.
Baltimore City Hospital

P 23 1936

27642

F 27642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-2 Ward)

Registered No. 16879

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gross

(a) Residence: No. 1312 Rudder St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years Months Days 62 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Thomas Gross

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Marrier?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1936, to 9-26, 1936

I last saw him alive on 9-26, 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 9-23-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Ranney M.D.

(Address) Baltimore City Hospital

EP 29 1936

27643

F 27643 #15673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 5-2 St., 121 Ward)

Registered No. 552

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Connor

(a) Residence: No. 432 N. Front St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced S (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-13-1887 ?

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 55 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Kearney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date, Sept 30, 1936

19. UNDERTAKER James W. Conklin (Address) 924 E. Bay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-36, 1936

22. I HEREBY CERTIFY. That I attended deceased from 7-28, 1936 to 9-28, 1936

I last saw him alive on 9-28, 1936 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Appendiceal Abscess
Septicemia
PeritonitisDate of onset
9-18-36
9-21-36
9-20-36

Other contributory causes of importance:

Cellulitis Abdominal Wall
Parotitis9-24-36
9-25-36

Was an operation performed? YES Date of 9-19-36

For what disease or injury? Appendiceal Abscess

Yes

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. G. Brantigan

M. D.

(Address) Baltimore City Hosp.

EP 29 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17365

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-9 Ward) life

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna McClusky

(a) Residence: No. 742 E. Preston St. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Bernard
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-19-1883

7. AGE Years 53 Months 1 Days 8 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Henry Welzel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Martha Krug

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Sept 30, 1936

19. UNDERTAKER Edmund W. Conklin
(Address) 924 E. Eager St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1936 to 9-27 1936

I last saw him alive on 9-27 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-renal Dis. Date of onset 6 days?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO (If no, specify)

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospital

P 23 1936

27645 1268-9

E 27645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Penna Ave. St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1521 Penna Ave. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. Color or Race: Colored 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE OF) Alice Wilson

6. DATE OF BIRTH (month, day, year) Jan 1 1902

7. AGE: Years 32 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. 0040

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) Elmwood (State or country) N. C.

13. NAME: Toney Wilson

14. BIRTHPLACE (city or town) Elmwood (State or country) N. C.

15. MAIDEN NAME: Kate Wilson

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT: Alice Wilson (Address) 1521 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Vernon N. C. Date: Sept 24, 1936

19. UNDERTAKER: Ernest P. Lee

(Address) 139 W. Hampton St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936 to Sept 26, 1936

I first saw him alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 8:10 P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs.

Date of onset

July 13/36

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

Signed: E. W. Johnson, M. D.

(Address) 1724 Penna Ave.

29 1936

19

Registrar.

F 27646

F 27646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Westwood Ave. St. 15-6 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Ann Lancaster

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 3103 Westwood Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|---|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Jan. 19, 1864 | | |
| 7. AGE Years 72 | Months 8 | Days 8 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John H. Lancaster

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Margaret A. Shank

16. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

17. INFORMANT Mrs. Sarah E. Downey (Address) 3103 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Sept. 30, 1936

19. UNDERTAKER John C. Mitchell & Sons, Inc. (Address) 1800 Eutan Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/36, 19

22. I HEREBY CERTIFY. That I attended deceased from Feb. 1934 to Sept. 27, 1936

I last saw h. alive on Sept 27, 1936 Death is said to have occurred on the date stated above, at 4:30 m. 4:30 pm

The principal cause of death and related causes of importance were as follows:

Coronary of Heart.

Date of onset 1934

Other contributory causes of importance:

Obstruction

Was an operation performed? none

Date of

For what disease or injury? Clinical

What test confirmed diagnosis?

Was there an autopsy 2w

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. B. Byrley

M. D.

(Address)

5045 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

P 29 1936

F 27647

F 27647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Linden Av St., 14 Ward)Length of residence in city or town where death occurred 73 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth 73 yrs. 6 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 1803 Linden Av St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of Single (or) WIFE of _____6. DATE OF BIRTH (month, day, year) March-13-18637. AGE Years 73 Months 6 Days 15 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Balto. (State or country) Maryland13. NAME Joseph Grafflin14. BIRTHPLACE (city or town) Balto. (State or country) md.15. MAIDEN NAME Sidney Lynch16. BIRTHPLACE (city or town) Balto. (State or country) md.17. INFORMANT Mrs. Florence Day (Address) 1204 Bolton St.18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 23 193619. UNDERTAKER Stewart Mort Co. (Address) 108 W. Main St.20. Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-28-193622. I HEREBY CERTIFY, That I attended deceased from Sept-23-1936 to Sept-28-1936I last saw him alive on Sept-28-1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation
General arteriosclerosis

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Signed) Herman Seidel M. D.(Address) 2404 Canton St.

OCCUPATION is very important. See instructions on back of certificate.

P 20 1936

F 27648

F 27648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *17-4* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *77* yrs. *10* mos. *23* ds.2. FULL NAME *Millard Fillmore Gore*

If U.S. Veteran

specify WAR *None*(a) Residence: No. *202 E 22nd St.* St., _____ Ward, _____

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of *Elizabeth S. Gore* WIFE of *Elizabeth S. Gore*6. DATE OF BIRTH (month, day, year) *Nov. 4 1859*7. AGE *77* Years *10* Months *23* Days If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *unemployed*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Children's Supply Agent*
10. Date deceased last worked at this occupation (month and year) *1923* 11. Total (time in years) spent in this occupation *25*12. BIRTHPLACE (city or town) *Easton* (State or country) *Maryland*13. NAME *Charles O. Gore*14. BIRTHPLACE (city or town) *Easton* (State or country) *md.*15. MAIDEN NAME *R. Annie Caltrips*16. BIRTHPLACE (city or town) *Easton* (State or country) *md.*17. INFORMANT *Mrs. Edna S. Walters (daughter)* (Address) *202 E 22nd St. Balto. Md.*18. BURIAL, CREMATION, OR REMOVAL *Orange* Date *Sep. 29 1936*19. UNDERTAKER *Stewart & Brown Co.* (Address) *108 W. North Avenue**Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sep. 27 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *9/24* 1936 to *9/27* 1936I last saw him alive on *9/27* 1936 Death is said to have occurred on the date stated above, at *7:05 P.M.*

The principal cause of death and related causes of importance were as follow:

*Hypertrophied Prostate Gland*Date of onset *Unknown*

Other contributory causes of importance:

*Toxemia**9/24/36*Was an operation performed? *yes* Date of *9/24/36*For what disease or injury? *acute distention of the bladder*What test confirmed diagnosis? *Examination* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify _____

Signed: *N C Dunningan* M. D. (Address) *Mercy Hospital*

M. D.

EP 29 1936

SEE CAUSE OF DEATH IN POST-MORTEM REPORT. See instructions on back of certificate. OCCUPATION is very important.

F 27649

F 27649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Schroeder St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

H U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 204 N. Schroeder St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Emma D. Born (or) WIFE of6. DATE OF BIRTH (month, day, year) April 2, 18647. AGE Years 72 Months 5 Days 25 11. LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Ind.13. NAME John Born14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Emma D. Born (Address) 204 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9-30-193619. UNDERTAKER Frederick H. Cole (Address) 1200 N. Lombard St.20. REGISTRAR Huntington Williams, M.D. (Address) 888 N. Lombard St.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) Sept. 27, 19362. I HEREBY CERTIFY. That I attended deceased from June 1, 1936 to Sept. 27, 1936I last saw him alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis.

Date of onset

Jan. 1, 1936

Other contributory causes of importance:

none.Was an operation performed? no. Date ofFor what disease or injury? none.Name of operation none. Date ofWhat test confirmed diagnosis? urine analysis Was an autopsy? no

3. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Vorken, M.D.(Address) 888 N. Lombard St.

See instructions on back of certificate. OCCUPATION is very important.

SEP 29 1936

27650 1268-9

F 27650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 E. Eager St. St. 7-4 Ward)Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1624 E. Eager St. St. 7-4 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Mamie Price
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 18687. AGE Years 68 Months 4 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015
10. Date deceased last worked at this occupation (month and year) 0015
11. Total time (years) spent in this occupation 001512. BIRTHPLACE (city or town) A. D. Co.
(State or country) Md.13. NAME Rev. Daniel Price14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Ellen Butler16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mamie Price
(Address) 1624 E. Eager18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 29 193619. UNDERTAKER Amel. P. Chase & Son
(Address) 638 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

Cerebral DegenerationWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy (Was there an autopsy?) No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 29 1936

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Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

27651

27651

CERTIFICATE OF DEATH

17093

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hardy

(a) Residence: No. 11 N. Poppleton St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-5-1935

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mary Winston

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Date Sept. 27 19 36

19. UNDERTAKER (Address) Walter B. H. 139 W. 1st St.

20. FILED

Registrar Walter B. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 19 36

22. I HEREBY CERTIFY. That I attended deceased from 9/14/36 19 36 to 9/26/36 19 36

I last saw him alive on 9/26/36 19 36 Death is said to have occurred on the date stated above, 1:50 P.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset 9/28/36

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Walter B. H. Balto. City Hosp

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 27652

17278 27652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Olga Fischel(a) Residence: No. 2231 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Arthur
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-15-18757. AGE Years 61 Months 6 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)13. NAME Julius Michael (Dead)14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Carrie Friend16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Wilwaukee, Wis. Date Sept. 29 193619. UNDERTAKER Hand Lorraine, Son
(Address) 902 Eutaw Pl.

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 193622. I HEREBY CERTIFY, That I attended deceased from 9-19 1936 to 9-28 1936I last saw he alive on 9-28 1936 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

Multiple Cerebral thrombosesDate of onset 9-28-36

Other contributory causes of importance:

Arteriosclerosis generallukWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) John L. Ramsey M. D.(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

SEP 29 1936

27653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *James Hopkins Hospital* St. *16-3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1616 Harlem Ave.* St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *C.* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *4/6/33*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *3 5 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *md.*13. NAME *James Moulton*14. BIRTHPLACE (city or town) (State or country) *md.*15. MAIDEN NAME *Clara ?*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Clara Moulton* (Address) *1616 Harlem Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Auburn* Date *9/29* 19*36*19. UNDERTAKER *Thomas E. Kelson* (Address) *1303 Oresman St.*

20. TIME OF DEATH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 26* 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Pulmonary & Intestinal**T. B.*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul M. Kelson* Coroner(Address) *1719 E. North Ave*

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 23 1936

✓ F 27654

F 27654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hardman

(a) Residence: No. 602 Cornell St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 2-21-1875

7. AGE Years 61 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME George Hardman

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Delia Garrison

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/30 36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1936 to 9-27, 1936

I last saw him alive on 9-27, 1936 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with Hemorrhage Date of onset July 1936?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Rainey M. D.
Address Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1936

27655

F 27655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *712 N. Kenwood* St., *7-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *712 N. Kenwood* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Patrick McCauley*6. DATE OF BIRTH (month, day, year) *June 30, 1861*7. AGE *75* Years *2* Months *28* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Patrick Mcgettigan*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *blont know*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. Julia Gehner* (Address) *3231 Ravenwood ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Cms.* Date *Sept 30/36*19. UNDERTAKER *Margaret Flynn* (Address) *1422 Light St.*20. *St. James M. D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/30/36* 1922. I HEREBY CERTIFY, That I attended deceased from *9/1/35* 19 to *9/25/36* 19I last saw *her* alive on *9/25/36* Death is said to have occurred on the date stated above, at *1915* m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degenerat 2 yrsOther contributory causes of importance: *hypertension* 5 yrsWas an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. J. Harrison* M. D.(Address) *2913 E. Baltimore*

OCCUPATION is very important. See instructions on back of certificate.

EP 29 1936

F 27656

F 27656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. John Francis Cullen2010 E. Chen St.,

Ward.

If U. S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 19, 19367. AGE Years 2 Months 9 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME John J. Cullen14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Alma Book16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Alma Cullen(Address) 941 N. W. Hampton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Sept 30 193619. UNDERTAKER Frank Beach Bar(Address) 1706 W. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 4 1936 to Sept. 28 1936I last saw him alive on Sept. 28 1936 Death is saidto have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Diarrhea
Otitis Media, bilateral
Marasmus

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Bernard Lidman

M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

SEP 30 1936

JF 27657

F 27657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 M. & 1 St. 10 Ward)

Length of residence in city 0 town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME *Charles Eldon Miller*

(a) Residence: No. 1202 W 41

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR...

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Mary E. Miller
(or) WIFE of

C. DATE OF BIRTH (month, day, year) *May 2-1870*

| | | | | |
|--------|-------------|-------------|------------|--|
| 7. AGE | Years 66 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min. |
|--------|-------------|-------------|------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | | |
|-----|---|---|
| OCC | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | | |

12. BIRTHPLACE (city or town)
(State or country) *Balti City*

13. NAME *Wm. P. Miller*

14. BIRTHPLACE (city town
(State or country) *Baltimore*

| | |
|-----------------|--------------|
| 15. MAIDEN NAME | Annie Carrie |
|-----------------|--------------|

16. BIRTHPLACE (city or town)
(State or country) *Baltimore*

17. INFORMANT Mary E. Miller

(Address) 451206th St

18. St. Mary's County Date Oct 2

9. UNDERTAKER *A. S. Wazosh*

(Address) 3539 Fidelity Road

66878 *Platanus*

100

27659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 16-1* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *32* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alfred J. Jaggotts

If U. S. Veteran

specify WAR

(a) Residence: No. *1110*

(Usual place of abode)

W Lafayette Lane

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>M</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Bertie M. Jaggotts</i> (or) WIFE of <i>Sept 22-1885</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Sept 22-1885</i> | | |
| 7. AGE <i>51</i> | Years <i>0</i> | Months <i>5</i> |
| Days <i>5</i> | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Porter</i> | | 11. Total time (years) spent in this occupation <i>20 1/2</i> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) *Va*
(State or country)FATHER
13. NAME *Henry Jaggotts*
14. BIRTHPLACE (city or town) *Va*
(State or country)MOTHER
15. MAIDEN NAME *Mary Patello*
16. BIRTHPLACE (city or town) *Va*
(State or country)17. INFORMANT *Bertie M. Jaggotts*
(Address) *1322 N. State St*18. BURIAL, CREMATION, OR REMOVAL
Place *M. Calvary* Date *Oct 1* 19*36*19. UNDERTAKER *Thomas W. H. H. H.*
(Address) *638 N. Calvary St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 27*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) *Inquest* and from the evidence obtained by said *Inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Sept 27 36

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Sept 27 36*

For what disease or injury?

Name of operation *Westing* Date of *Sept 27 36*What test confirmed diagnosis *Westing* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *Sept 27 36*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George P. Allen* M. D.(Address) *1507 Annapolis St*

OCCUPATION is very important. See instructions on back of certificate.

P 29 1936

✓ F 27660

27660 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pratt St. 4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1303* *Lyons St. Charlotte, Md.* (Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 10 1901*7. AGE Years *35* Months *6* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lunch Room* 10. Date deceased last worked at this occupation (month and year) *Sept 17 1936* 11. Total time (years) spent in this occupation *3*12. BIRTHPLACE (city or town) (State or country) *Charlotte, T. C.*13. NAME *Charles Hottens Gallagher*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Annie Brennan*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mr. Chas. R. Stewart (Brother in law)* (Address) *Stamwood Drive - Charlotte, T. C.*18. BURIAL, CREMATION, OR REMOVAL Place *Charlotte, T. C.* Date *Sept 29 1936*19. UNDERTAKER *H. J. Jackson & Sons* (Address) *Huntington Williams*

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/24 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *9/24 1936*Where did injury occur? *Bulto Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *# 4 Pratt St.*Manner of injury *Jumped in Harbor*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Ervin B. Village* M. D. Coroner(Address) *1831 St. Paul St.*

27661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27661

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Haverhill Road St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

August Reinhard Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. 1001 Haverhill Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (nee) HUSBAND of Justina D. Schroeder (Knappe) (or) WIFE of

c. DATE OF BIRTH (month, day, year) Dec. 4, 1856.

7. AGE 79 Years 9 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Reinhard Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christine M. Reiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Justina M. Schroeder (Address) 1001 Haverhill Road

18. BURIAL, CREMATION, OR REMOVAL St. Paul's Cmty. Violetville Sept. 30, 1936

19. UNDERTAKER (Address) 1011 E. Madison Ave.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept 20, 1936 to Sept 27, 1936

First saw him alive on Sept 27, 1936 Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Chr Myocarditis

Date of onset

9/20/36

Other contributory causes of importance:

Edema of lungs

9/27/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. P. Roetting M. D.

(Address) 2623 Washington Blvd

27662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27662

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S. Monroe St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME June Audrey Fairall

(a) Residence: No. 529 S. Monroe St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) May 22, 1920.!

7. AGE 16 Years 4 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurel, Md. (State or country)

13. NAME Robert L. Fairall

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Emma P. Heck

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Emma P. Fairall (Address) 529 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Ivy Hill Cnty. Laurel Md. Date Sept. 30, 1936

19. UNDERTAKER Harry H. Witzke (Address) 4101 Amundson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept 7, 1936, to Sept 27, 1936.

I last saw her alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis - Bilateral

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John C. Dunsen, M. D.

(Address) 104 28 Madison St.

29 1936

OCCUPATION is very important. See instructions on back of certificate.

27663

F 27663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Frederick St., 30-3 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Alberta Munch

(a) Residence: No. 2007 Frederick Ave St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of George W. Munch (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13-1872

7. AGE Years 63 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 3/4

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles H. Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma E. Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George W. Munch (Address) 2007 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 30, 1936

19. UNDERTAKER Harry H. Witzke (Address) 4141 Edmonson Ave

20. H. E. W. Williams (Address) 1937 Edmonson Ave

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Phillips

M. D.

Coroner

(Address) 1937 Edmonson Ave

F 27664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S. Charles St. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Nathan Lowenthal.

(a) Residence: No. 729 S. Charles St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 27, 1895

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 40 8 25 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Solomon Lowenthal

14. BIRTHPLACE (city or town) Russia. (State or country)

15. MAIDEN NAME Ida Miller.

16. BIRTHPLACE (city or town) Russia. (State or country)

17. INFORMANT Solomon Lowenthal. (father) (Address) 729 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Sherry Room Date Sept 10, 1936

19. UNDERTAKER J. Lerner Bros (Address) 1127 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing Sept. 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pistol shot wound of the right temple, Suicide.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Pistol shot wound

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 9/21/36

Where did injury occur? 729 S. Charles St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Suicide.

Nature of injury Pistol shot wound.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

9/29/36

Address 1017 S. Charles St.

M. D.

Coroner

29 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27665

27665
318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 14 Ward 2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME

Ethel Carroll

(a) Residence: No. _____

425 Mosher

St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced: HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10-11-027. AGE 33 Years 11 Months 18 Days If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Md (State or country)13. NAME Handy Carroll14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Carrie Maddox16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Church 10/2/3619. UNDERTAKER B H B Parker (Address) 47 W 11th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Sept 29, 1936I last saw him alive on Sept 29, 1936 Death is said to have occurred on the date stated above, at 345 m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulonephritis Date of onset 1932

Other contributory causes of importance:

NoneWas an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, a home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Palmer Howard M. D.(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

P 30 1936

10882

F 27667

27667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-3 Ward 10)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

John Henry Brown(a) Residence: No. 1637 W. Lafayette Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>B</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|--------------------|------------------------------|---|

| | |
|--|-------------------|
| 3a. If married, widowed, or divorced HUSBAND of (or) WIFE of | <u>Ella Brown</u> |
|--|-------------------|

6. DATE OF BIRTH (month, day, year) ? Mch 22 - 1885

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>51</u> | <u>6</u> | <u>6</u> | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Unknown</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | <u>2087</u> |

12. BIRTHPLACE (city or town) S. C.
(State or country)

| | | |
|--------|-------------------------------|-------------------|
| FATHER | 13. NAME | <u>Jack Brown</u> |
| | 14. BIRTHPLACE (city or town) | <u>S. C.</u> |

| | | |
|--------|-------------------------------|------------------------|
| MOTHER | 15. MAIDEN NAME | <u>Margaret Easton</u> |
| | 16. BIRTHPLACE (city or town) | <u>S. C.</u> |

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Luke's Date Oct 3 193619. UNDERTAKER Samuel H. Chase & Co
(Address) 638 N. E. E. E. E.

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-193622. I HEREBY CERTIFY, That I attended deceased from 12-2 1935 to 9-28 1936I last saw him alive on 9-28 1936. Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 9-27-36

Other contributory causes of importance:

Arteriosclerotic Heart Disease ?Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) tell in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John L. Rainey M. D.(Address) Baltimore City Hospital

F 27668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27668

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Harlem Ave. St., 16-20 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 46 yrs. 3 mos. 2 ds. How long in U.S. If of foreign birth? 46 yrs. 3 mos. 2 ds.

2. FULL NAME

(a) Residence: No. 1318 Harlem Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race Col 5. Single, Married, Widowed,
or Divorced Married (write the word)5a. If married, widowed, or divorced by
HUSBAND of Estella Fields
(or WIFE)6. DATE OF BIRTH (month, day, year) June 18907. AGE Years 46 Months 3 Days 2 If LESS than
1 day, 2 hrs. or 2 min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Chemical Plant
10. Date deceased last worked at
this occupation (month and
year) 5/1/35 11. Total time (years)
spent in this
occupation 18 yrs12. BIRTHPLACE (city or town)
(State or country) Eastern Shore MdFATHER 13. NAME La Fayette Fields14. BIRTHPLACE (city or town)
(State or country) Eastern Shore MdMOTHER 15. MAIDEN NAME Ancutia Ross16. BIRTHPLACE (city or town)
(State or country) Eastern Shore Md17. INFORMANT Estella Fields
(Address) 1318 Harlem Ave18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date Sept 27 19 3619. UNDERTAKER Wm. H. Chase
(Address) 638 N. E. Avenue20. FILED 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 193622. I HEREBY CERTIFY, That I attended deceased from
May 23, 1935 to Sept 27, 1936I last saw him alive on Sept 26, 1936 death is said
to have occurred on the date stated above, 1745 P.M.The principal cause of death and related causes of
importance were as follows:Carcinoma of
Prostate Gland

Other contributory causes of importance:

Date of onset

Name of operation Nil Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? No so, specify _____(Signed) W. H. Chase M. D.
(Address) 638 N. E. Avenue

OCCUPATION is very important. See instructions on back of certificate.

27669 HEALTH DEPARTMENT—CITY OF BALTIMORE 27669

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Maryland Ave Ward) 2-6

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. How long in U. S. If of foreign birth? 44 yrs. 44 mos. 44 ds.

2. FULL NAME

(a) Residence: No. 2824 Maryland Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Edgar Perry Haviland</u> (or) WIFE of <u>July 12, 1846</u> | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| 7. AGE | Years <u>90</u> | Months <u>2</u> |
| | Days <u>16</u> | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country)

Osborn Belt

Md.

Mary Jones

Mrs. Myrtelle H. Gubren

2824 Maryland Ave

Greenmount, Md. Sept 30 '36

Wm. H. Keener Sons

North E. Ave.

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept 1936 to Sept. 28, 1936

I last saw her alive on Sept. 28, 1936 Death is said to have occurred on the date stated above, at 10 a

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

1936

Other contributory causes of importance:

Cardiac Insufficiency

March 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George M. White M. D.

(Address) 2400 Maryland Ave

SEP 30 1936

27670

HEALTH DEPARTMENT—CITY OF BALTIMORE 27670

CERTIFICATE OF DEATH

✓47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Roslyn Ave. St. 15-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Rae Evans Stockett

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 2706 Roslyn Ave. St. 15-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Arthur Stockett (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 3rd 18767. AGE Years 59 Months 11 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME John Hess14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Elizabeth Springer16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT Mr. Arthur Stockett (Address) 2706 Roslyn Ave18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Sept. 30, 193619. UNDERTAKER William J. Tinkner & Sons (Address) North Pennsylvania Ave20. FILED 19 Sept 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th 193622. I HEREBY CERTIFY, That I attended deceased from Sept 11th 1936 to Sept 28th 1936I last saw him alive on Sept 28 1936 Death is said to have occurred on the date stated above, at 3:45 AM

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma

Date of onset

Sept

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) Nathaniel M. Beek M. D.(Address) 2727 N. Charles St.

EP 30 1936

27671

318821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27671

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Clark(a) Residence: No. 399 Ocean Side Ave St. Ward. Ocean Side R. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/20/187. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y. State13. NAME Albert Clark14. BIRTHPLACE (city or town) (State or country) N.Y.15. MAIDEN NAME Elizabeth Robrecht16. BIRTHPLACE (city or town) (State or country) N.Y.17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

St. Boniface Place St. Boniface, L.I., N.Y. Date 9/30/3619. UNDERTAKER John G. Mitchell & Son Inc.
(Address) 1900 Calver St. Md.20. FILED Sturtevant, William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Sept. 30, 1936I last saw him alive on Sept. 30, 1936. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Addison's Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of -For what disease or injury? -What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned Leona H. Baker M. D.(Address) John Roy & Sons Bro

OCCUPATION is very important. See instructions on back of certificate.

P 35 1936

F 27672 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27672

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Ann St., 6-4 Ward)

Length of residence in city or town where death occurred Life mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 409 n Ann St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. I married, widowed, or divorced HUSBAND of (or) WIFE of Elmore Jones

6. DATE OF BIRTH (month, day, year) 1896 9,

7. AGE Years 67 Months - Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME JAMES BEVELL

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Margaret Drake

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Ida Jones (Address) 413 n Ann

18. BURIAL, CREMATION, OR REMOVAL Ant Calvary Cemetery Date Sept 30 1936

19. UNDERTAKER Richard E. Williams (Address) 1618 n Eldon St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

I HEREBY CERTIFY, that I attended deceased from Sept 21 1936 to Sept 26 1936

I last saw him alive on Sept 26 1936 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

Ephraim

Other contributory causes of importance:

Diabetes Mellitus

Date of onset

Sept 21 1936
Chil
HSC

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Nothing Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) J. P. Allen

(Address) 509 Annapolis St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

20. FILED

EP 30 1536

27673

F 27673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 S. Belnord st. - 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William H. CollinsIf U.S. Veteran
specify WAR(a) Residence: No. 534 S. Belnord st. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Mary Collins
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 17, 18657. AGE Years Months Days
71 1 11
if LESS than
1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)13. NAME Henry Collins14. BIRTHPLACE (city or town) Washington D.C.
(State or country)15. MAIDEN NAME Emma Diamond16. BIRTHPLACE (city or town) Washington D.C.
(State or country)17. INFORMANT Harry Collins
(Address) 334 S. Belnord st.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 1, 193619. UNDERTAKER John A. Mason
(Address) 3000 E. Belts St.20. FILED EP 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 193622. I HEREBY CERTIFY, That I attended deceased from March 30, 1936 to Sept 18, 1936I last saw him alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - rt. mandibular region & neck.Date of onset
1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Pinel Pathological
Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Not known(Signed) George S. Gibson M. D.(Address) 432 St. Patterson Park Dr.

F 27675

F 27675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 W 38th St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1016 W 38th St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Florence Ryse (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 27, 18707. AGE 65 Years Months 1 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Binder maker. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. 10. Date deceased last worked at this occupation (month and year) md. 11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (city or town) (State or country)

13. NAME Lloyd Ryse14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Elizabeth M. Bull16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Florence Ryse (Address) 1016 W 38th St.18. BURIAL, CREMATION, OR REMOVAL Poplar, Balto Co, md. Date Sept 30, 193619. UNDERTAKER Chenoweth (Address) 3615-17 Chestnut Ave.20. FILED Stamington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 193622. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1936 to Sept 27 1936I last saw him alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis, Eendo- & myo carditisDate of onset about 2 yrs ago.

Other contributory causes of importance:

Coronary thrombosisWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Frank D. [Signature] M. D.(Address) 846 W 36th St.

OCCUPATION is very important. See instructions on back of certificate.

EP 30 1936

Spec. 17-25-A Co-200 B.L.
27676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27676

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N. Arlington St., Ward 2)

2-FULL NAME

(a) RESIDENCE NO. 428 N. Arlington St., Ward 2

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of George F. Dutton
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

15 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

13

Filed

P 30 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept 20, 1936, to Sept 29, 1936,

that I last saw her alive on Sept 29, 1936,

and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

19 1936 (Address) 515 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

27678

✓ F 27678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals / 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME David Clay (16343)(a) Residence: No. 1104 Cloney St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS:

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | Colored | Married |

3a. If married, widowed, or divorced
HUSBAND of Lillian
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

January 4, 1910

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.26823

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Shipping Clerk9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md.

MOTHER

13. NAME David14. BIRTHPLACE (city or town)
(State or country)?15. MAIDEN NAME Elizabeth Green16. BIRTHPLACE (city or town)
(State or country)?17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 1, 1936

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams322 N. ...

P 30 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 193622. I HEREBY CERTIFY, That I attended deceased from
August 12, 1936 to September 27, 1936I last saw him alive on September 27, 1936. Death is said
to have occurred on the date stated above, at 7:15 P.M.The principal cause of death and related causes of
importance were as follows:Pulmonary TuberculosisDate of onset
Feb. 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? Yes.23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leon H. Feldman

M. D.

(Address) Baltimore City Hospitals

F 27679

✓ F 27679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James Shale

If U. S. Veteran specify WAR

(a) Residence: No.

2824 E. Chase

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept. 28 - 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt. Md.

FATHER

13. NAME

Joseph Shale

14. BIRTHPLACE (city or town) (State or country)

Balt. Md.

MOTHER

15. MAIDEN NAME

Frances Brocato

16. BIRTHPLACE (city or town) (State or country)

Balt. Md.

17. INFORMANT

Joseph Shale

(Address)

2824 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Church

19. UNDERTAKER

(Address)

*John C. Miller**2435 E. Oliver St.*

20. FILED

St.ington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Sept. 28, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquiry* therein and from the evidence obtained by said *inquiry* and that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chorea*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

(Address)

1219 E. North Ave

Coroner

M. D.

F 27680

✓ F 27680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Bough St., 2-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1909 Bough St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas R.

6. DATE OF BIRTH (month, day, year) Oct. 10 1863

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 72 | 10 | 18 | |

| | | |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | none |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | housewife |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Becher

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Margaret Becher

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. George Becher (Address) 2016 R. Mount St.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Da Oct 1 1936

19. UNDERTAKER Tilly & Sons (Address) 805 N. J. St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by said inquest, (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Coronary atherosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

P 30 1936

A. E. T. Miller

27681

F. 27681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Tunbridge Road

St., 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME CAROLINE M. KRAM

(a) Residence: No. 304 Tunbridge Road

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced: Husband of (or) WIFE of Michael Kram

6. DATE OF BIRTH (month, day, year) Feb. 27, 1867

7. AGE 69 Years 7 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Louis Bundschu

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Michael Kram (Address) 304 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery 10/3/ 1936

19. UNDERTAKER

(Address)

Chas. F. D. Case, Hon. 118 W. 11th St. Royal Ave

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1936 to Sept. 29, 1936

I last saw h. w. alive on Sept. 29, 1936. Death is said to have occurred on the date stated above, at 6:00 P. M.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Hypertension

Myocardial Regeneration

Reconstructions

Other contributory causes of importance:

Chronic Rheumatoid Nephritis

Date of onset

2d

2d

2d

2d

2d

2d

2d

2d

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Date of autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. P. A. Shivers

M. D.

(Address) 2878 Harford Rd

27682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27682

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)Registered No. 17438

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Slade, Baby Boy(a) Residence: No. 1216 McCulloh St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/25/36

| | | | | |
|---------------|-------|--------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>2 days</u> | - | - | <u>2</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME James Robinson14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Rorothy Slade16. BIRTHPLACE (city or town) Wash., D. C.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 30, 193619. UNDERTAKER Central Union Burial
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/36, 19

22. I HEREBY CERTIFY, That I attended deceased from

9/25/36, 19, to 9/27/36, 19I last saw him alive on 9/27/36, 12. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Infant Craniol Hemorrhage
Hemorrhagic Disease of NewbornDate of onset
9/25/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? spinal fluid Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

a J. J. and
Balto City Hosp

M. D.

OCCUPATION is very important. See instructions on back of certificate.

P 33 1936

2010
Registrar.

27683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27683

1. PLACE OF DEATH

17448

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 186 mos. 18 ds. How long in U. S. If of foreign birth? 18 yrs. 18 mos. 18 ds.2. FULL NAME Baby Boy Hazel Cole(a) Residence: No. 1135 Argyle Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-26-36

| | | | | |
|--------|-------|--------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | | | <u>2</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Newborn)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City Hosp.
(State or country) Baltimore, Md.13. NAME James ?14. BIRTHPLACE (city or town)
(State or country) ?15. MAIDEN NAME Hazel Cole16. BIRTHPLACE (city or town)
(State or country) Balto.17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 30 193619. UNDERTAKER John J. ...
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 193622. I HEREBY CERTIFY, That attended deceased from Sept 26 1936 to Sept 28 1936I last saw him alive on Sept 28 1936. Death is said to have occurred on the date stated above, at 6:57 A.M.

The principal cause of death and related causes of importance were as follows:

Cryptosporidiosis
Bladder Neoplasm
New Born

Date of onset

Birthcon

Other contributory causes of importance:

Maternal Hydramnios?Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

SEP 30 1936

27684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27684

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-5 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. da. How long in U. S. If of foreign birth?..... yrs. mos. da.

2. FULL NAME Charles Blumenkamp (18603)

(a) Residence: No. 1900 Chapel Street

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

| | | | | |
|--------------|-------|--------|------|--|
| 7. AGE 70 | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Ernest

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margret Kipp

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 30, 1936

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-36

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1936 to September 26, 1936

I last saw him alive on September 26, 1936. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
Dur.
9 yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Where an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Lem H. Feldman

M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

P 30 1936

2613

27685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27685

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University 1807 St., 17-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle Rose Raymond Smith(a) Residence: No. 2141 St., 17-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) md.13. NAME Leon Jack Smith14. BIRTHPLACE (city or town) Balto. City
(State or country) md.15. MAIDEN NAME Louise Wilson16. BIRTHPLACE (city or town) Balto. City
(State or country) md.17. INFORMANT Father - Leon Jack Smith
(Address) 271 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 30, 193419. UNDERTAKER JOHN MISSIGUO! HORSE
(Address) 201 W. E. R. R. ROAD

20. FILED

30 1936

2617

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 193422. I HEREBY CERTIFY. That I attended deceased from Sept. 26, 1934, to Sept. 27, 1934.I last saw him alive on Sept. 27, 1934. Death is said to have occurred on the date stated above, at 7 H m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify(Signed) Wm Robinson Jr. M. D.(Address) University, Md

27686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27686

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Baby Boy Boone(a) Residence: No. 437 W. Henrietta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) MD13. NAME Robert Tappin14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Robert Boone16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 30, 193619. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936, to Sept 25, 1936.I last saw deceased alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 11 H m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

BirthWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No Dr. Robert Tappin M. D.
(Signed)(Address) University Hosp

30 1936

2616

See instructions on back of certificate.

OCCUPATION is very important.

27687

F 27687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S Chapel St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. if U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 319 S Chapel St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25/19367. AGE Years 6 Months 5 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME Leo Dembick14. BIRTHPLACE (city or town) Baltimore Md. (State or country)15. MAIDEN NAME Eva Marzke16. BIRTHPLACE (city or town) Baltimore Md. (State or country)17. INFORMANT Anna Marzke18. BURIAL, CREMATION, OR REMOVAL (Address) 319 S Chapel St.19. UNDERTAKER George A. Weber(Address) 705 S Ann St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1936 to Sept 30 1936I last saw him alive on Sept 28 1936. Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis

Date of onset

10 days

Other contributory causes of importance:

ExhaustionWas an operation performed? No Date ofFor what disease or injury? none Date ofName of operation none Date ofWhat test confirmed Exhaustion Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Chas. A. Keel M. D.(Address) 408 S. Park Ave

OCCUPATION is very important. See instructions on back of certificate.

P 33 1936

F 27688

✓ F 27688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. *St. Joseph's Hospital* St. *8-5* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

William E. Starkey(Residence in Baltimore: No. *1800 N. Washington* St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

Male

4-COLOR OR RACE

*White*5-Single, Married, Widowed, or Divorced. (Write the word.) *Married*

6-DATE OF BIRTH

*Oct**29**1876*

(Month)

(Day)

(Year)

7-AGE

59 yrs. *10* mos. *29* ds.

IF LESS than 1 day.

...hrs. or ...min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)*Butcher*

9-BIRTHPLACE

(State or Country)

10-NAME OF FATHER

Wm. H. Starkey

11-BIRTHPLACE OF FATHER

(State or Country)

12-MAIDEN NAME OF MOTHER

Elizabeth Vane

13-BIRTHPLACE OF MOTHER

(State or Country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature)

Mrs. Emma Starkey

(Address)

1800 N. Washington St.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH

*Sept**28**1936*

(Month)

(Day)

(Year)

17-

I HEREBY CERTIFY, That I took charge of the

remains described above, held an *inquest* (Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said *inquest*, antopsy or inquiry, and that said deceased came to *his* death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertension

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Cerebral Apoplexy

(Signed)

Paul A. Harker

M. D.

9/29/36 (Address)

1919 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Balto. Cemetery**10/1/36*

20-UNDERTAKER

ADDRESS

C. J. Fanning, Inc. - 1438 E. Lafayette

30 1936

is very important. See instructions on back of certificate.

F 27689
319024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.)

St., 5-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Taylor

(a) Residence: No. 509 Somerset

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) -

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) June - 27 - 1934

7. AGE Years 2 Months 3 Days 1 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) md (State or country)

13. NAME Herbert Taylor

14. BIRTHPLACE (city or town) md (State or country)

15. MAIDEN NAME Mable Jones

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cremation

Place Liberty Emergency Date 10/11 1936

19. UNDERTAKER Mrs. Thomas G. Bailey

(Address) 1421 Jefferson St

30 1936 William W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1936 to Sept 28 1936

I last saw him alive on Sept 28 1936 Death is said to have occurred on the date stated above, at 915 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary 1935
Tuberculous meningitis. Sept. 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irving Rosenbaum

(Address) Johns Hopkins Hospital

27690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Edmondson St. 16-6 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds.How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME E. Henry Palmer(a) Residence: No. 2802 Edmondson St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 1, 1884

7. AGE 55 Years 8 Months 28 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/23/3611. Total time (years) spent in this occupation 23 yrs.12. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME E. Henry Palmer14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Marion Schalle16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Clara Elizabeth Palmer(Address) 2702 13th St. N.W.

18. BURIAL, CREMATION OR REMOVAL

Place Western Date Oct 1, 193619. UNDERTAKER Roland L. Finkbeiner(Address) 6127 N. Monroe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, Autopsy or Inquiry

and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows: Chronic GastritisOther contributory causes of importance: ArteriosclerosisWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Palmer Coroner M. D.(Address) 1215 Thacker St.

Registrar

30-1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27691

F 27691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Allendale Rd. St., 15-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? 71 yrs. 5 mos. 14 ds.

2. FULL NAME

(a) Residence: No. 2502 Allendale Rd. St., _____ Ward, _____ (If non-resident give city or town and State)If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Susie E. Kilmer (or) WIFE6. DATE OF BIRTH (month, day, year) April 14-18657. AGE Years 71 Months 5 Days 14 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tax Supervisor for Baltimore10. Date deceased last worked at this occupation (month and year) Sept. 28-36 11. Total time (years) spent in this occupation. 18 yrs.12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Harry C. Kilmer14. BIRTHPLACE (city or town) Cumberland (State or country) Maryland15. MAIDEN NAME Annie Marie16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Mr. Shirley Kilmer (son) (Address) 3608 Copley Road.18. BURIAL, CREMATION, OR REMOVAL Place Linden Park Date Oct-1-3619. UNDERTAKER Stewart-Morgan Co. (Address) 108 W. 10th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28th, 193622. I HEREBY CERTIFY That I attended deceased from 12 to Sept 28th, 1936I last saw him alive on Sept 28th, 1936 Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of _____For what disease or injury? ✓Name of operation Physician's findings Date of _____What test confirmed diagnosis? ✓ Was there an autopsy? ✓23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Stewart-Morgan M. D.(Address) 1901 E. 10th Place

CT 1-1936

7692

318681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27692

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Betty Jean Bond(a) Residence: No. 2122 Oak St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —6. DATE OF BIRTH (month, day, year) 2-16-367. AGE Years _____ Months 7 mos. Days 12 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6000

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Gaylord Bond14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Ida Barrett16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Plowman Rest Date Oct 1st 193619. UNDERTAKER Archibald A. Hadden
(Address) 2122 Oak

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-28, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Sept 28, 1936I last saw her alive on Sept-28, 1936 Death is said to have occurred on the date stated above, at 1055 pm.

The principal cause of death and related causes of importance were as follows:

Tuberculosis
Intestinal
PulmonaryDate of onset
9-13-36

Other contributory causes of importance:

Auricular Fibrillation 9-24-36
Heart Block (partial) 9-24-36Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Wm. C. Stifford Jr.

M. D.

(Address) Johns Hopkins Hospital

FILED

15-1936

27693

F 27693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Lincoln Hutchins(a) Residence: No. 3410 Garrison Blvd. St. 15-10 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lucy Hutchins
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-10-18517. AGE Years 85 Months 0 Days 290 If LESS than 1 day, 0 hr. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Mass. (State or country)FATHER 13. NAME Edward14. BIRTHPLACE (city or town) Mass. (State or country)MOTHER 15. MAIDEN NAME Abbie Lincoln16. BIRTHPLACE (city or town) Mass. (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Cremation Place Louisa Park Date Oct 3, 193619. UNDERTAKER John J. Henry (Address) 715 Light St20. FILED Attending Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-193622. I HEREBY CERTIFY, That I attended deceased from 6-27-1936 to 9-30-1936I last saw him alive on 9-30-1936 Death is said to have occurred on the date stated above, at 11:00 p. m.

The principal cause of death and related causes of importance were as follows:

PneumoniaDate of onset 9-25-36

Other contributory causes of importance:

Prostatic obstructionDate of onset ?Was an operation performed? no Date of no

For what disease or injury?

What test confirmed diagnosis None Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. L. Branigan M. D.(Address) Baltimore City Hosp.

27694 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27694

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Pontiac Ave St. 25-4 Ward D)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

Evelyn Young.

(a) Residence: No. 806 Pontiac Ave St. D Ward. D
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, X HUSBAND of Thomas Young.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1882

7. AGE Years 54 Months 3 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland.
(State or country)

13. NAME John Rea

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Thomas Young. (husband)
(Address) 806 Pontiac Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Elder Hill Date Oct 1 1936

19. UNDERTAKER John F. Reming
(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signature) Otto de Brinkman M. D.
Coroner

(Address) 1017 S. Charles St.

100-1110-1936-19

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 27695

F 27695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *525 N. Gilmor* St. *19-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *525 N. Gilmor* St. Ward. (If non-resident give city or town and State)U.S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced, (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 22, 1919*7. AGE Years *17* Months Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md*13. NAME *William H. Smith*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md*15. MAIDEN NAME *Maggie Smith*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md*17. INFORMANT *Maggie Smith*
(Address) *525 N. Gilmor St*

18. BURIAL, CREMATION, OR REMOVAL

Place *mt. Auburn* Date *Oct 1, 1936*19. UNDERTAKER *Mrs Kate R. Williams*
(Address) *322 N. Broadway St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 28, 1936*22. I HEREBY CERTIFY That I attended deceased from *July 29, 1936* to *Sept 28, 1936*I last saw him alive on *Sept 27, 1936* Death is said to have occurred on the date stated above, at *5:30* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Pulmonary Phthisis

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Smith*(Address) *121 N. Broadway St*

M. D.

T 1-1936

F 27696

F 27696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

7216

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME George Fields(a) Residence: No. 231 N. Fremont Ave. St. 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSusie Fields

6. DATE OF BIRTH (month, day, year)

3-4-1871

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.65624

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calif.
(State or country)

FATHER

13. NAME Anthony Fields14. BIRTHPLACE (city or town)
(State or country)Calif.

MOTHER

15. MAIDEN NAME Eliz. ?16. BIRTHPLACE (city or town)
(State or country)?17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. ZionDate Oct 2, 1936

19. UNDERTAKER

(Address) Mrs Katie R. Williams
322 N. Schroeder St.

20. FILED

11-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28, 193622. I HEREBY CERTIFY, That I attended deceased from 5-14, 1936, to 9-28, 1936I last saw him alive on 9-28, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate with Metastasis

Date of onset

9

Other contributory causes of importance:

Cecchexia6 moWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? NONE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) C. L. Brantigan M. D.(Address) Baltimore City Hosp

F.D. 27697

F 27697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Clarkson St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth B. Dobbin.

If U. S. Veteran specify WAR

(a) Residence: No. 1748 Clarkson St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Edward Dobbin.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mollie Tudor.

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mollie Dobbin. (mother) (Address) 1748 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10/1/36

19. UNDERTAKER J. F. McConally (Address) 130 E. 4th St.

20. FILED 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diarrhoea & Enteritis.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mollie Dobbin, M. D. 9/30/36 (Address) 1017 S. Charles St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

v s o

M. D. B 27698

F 27698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 17-3* Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *603 Fremont Ave St.* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *20*6. DATE OF BIRTH (month, day, year) *May 31 1886*7. AGE Years *50* Months *0* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Chesfield Md*13. NAME *William Family*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Rachel Patterson*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT (Address) *Osceola Family Jr*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Airy* Date *10/4/36*19. UNDERTAKER (Address) *P. C. Richardson*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 29, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Essential Hypertension

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 27699

F 27699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 W Lexington St Ward 19-2)Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Addie C. Neary(a) Residence: No. 1422 W Lexington St. Ward 19-2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Michael E. Neary (or) WIFE of6. DATE OF BIRTH (month, day, year) March 10, 18737. AGE Years 63 Months 6 Days 20 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Cambridge (State or country) MA13. NAME John H. Moore14. BIRTHPLACE (city or town) Cambridge (State or country) MA15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Cambridge (State or country) MA17. INFORMANT Edna R. Randall

18. BURIAL, CREMATION, OR REMOVAL

Place St. Olivet Date Oct. 3, 193619. UNDERTAKER Fredrick R. Cole(Address) 1700 W. Lombard St20. FILED St. Francis Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Sept. 30, 1936I last saw him alive on Sept. 30, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 3 weeks ago

Other contributory causes of importance:

EmbolusWas an operation performed? no Date of _____For what disease or injury? noneName of operation none Date of _____What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Benjamin Miller M. D.(Address) 2030 Ulkens Ave.

7700
319217

F 27700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. *2-7-5* St. *7-5* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME *Abc Zager*(a) Residence: No. *2835 Park*
(Usual place of abode)St. _____ Ward. *Jacksonville Fla*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed,
or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *Marion*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 2-1893*7. AGE Years *43* Months *4* Days *8* If LESS than
1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Auto Salesman*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *apbb*
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Conn*FATHER 13. NAME *Joe Zager*14. BIRTHPLACE (city or town)
(State or country) *Russia*MOTHER 15. MAIDEN NAME *Rose F. Ford*16. BIRTHPLACE (city or town)
(State or country) *Russia*17. INFORMANT *Records*
(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

*Vineyard, N. 2. Oct 1 1936*19. UNDERTAKER *Ed Lewis & Bros*
(Address) *1127 E. Baltimore St*FILED
1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept-30, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Sept 28, 1936 to Sept 30, 1936*I last saw him alive on *Sept-30, 1936* Death is said
to have occurred on the date stated above, at *4 P* m.The principal cause of death and related causes of
importance were as follows:*Intra-cranial hemorrhage
due to operation*

Date of onset

9-30-36

Other contributory causes of importance:

*Brain tumor - dural fibroblastoma**over*Was an operation performed? *yes* Date of *9-30-36*For what disease or injury? *Brain tumor*What test confirmed diagnosis? *operation* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Signed)

A. F. Jones Jr.

M. D.

(Address)

Johns Hopkins Hospital

F 27701

F 27701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N Calhoun St. Ward 16-2)Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 914 N Calhoun St. Ward. 16-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced Widowed of Dennis Upshur (or) WIFE of6. DATE OF BIRTH (month, day, year) July 9, 18607. AGE Years 76 Months 2 Days 19 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Va. (State or country)FATHER 13. NAME Richard Brown 14. BIRTHPLACE (city or town) Va. (State or country)MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Elyabeth Gray (Address) 914 Calhoun St.18. BURIAL, CREMATION, OR REMOVAL mt Auburn Date 10-1-36 Place19. UNDERTAKER George B. Nelson (Address) 1303 Preston St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 193622. I HEREBY CERTIFY. That I attended deceased from June 15, 1936 to Sept 28, 1936I last saw her alive on Sept 24, 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

6/1/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) William Gray M. D.(Address) 928 Penna Ave

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. DATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY OCCUPATION IS VERY IMPORTANT.

FILED 1936

F 27702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? *2-1* yrs. mos. ds.

2. FULL NAME

Baby Boy Hungerford #1

(a) Residence: No.

*Church Home & Infirmary**2*Ward. *2027 S. Lombard St.*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <i>male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |

6. DATE OF BIRTH (month, day, year) *Sept. 29/36*7. AGE
Years Months Days
3 hrs. min.

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. | <i>None</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <i>None</i> |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) *Balto Md.*
(State or country)13. NAME *Walter N. Hungerford*14. BIRTHPLACE (city or town) *Franklin St.*
(State or country)15. MAIDEN NAME *Glady's Steel*16. BIRTHPLACE (city or town) *Greenbury Pa.*
(State or country)17. INFORMANT *Walter N. Hungerford*
(Address) *9027 E. Lombard St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *Oct. 1 - 1936*19. UNDERTAKER *Lill & Ziehl Inc.*
(Address) *4030 Waverly St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 29, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 29* 1936 to *Sept. 29* 1936.I last saw him alive on *Sept. 29* 1936 at *11:25* p. m. Death is said to have occurred on the date stated above, at *11:25* p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wesley J. Ketz* M. D.
(Address) *Church Home & Inf.*

OCT 1 - 1936

F 27703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Church Home and Infirmary 2*

(Usual place of abode)

Ward. *20276 Lombard St.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. <input checked="" type="checkbox"/> married, widowed, or divorced HUSBAND of (or) WIFE of | | |

6. DATE OF BIRTH (month, day, year) *Sept. 29 - 31*

| | | | | |
|--------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day, <i>8</i> hrs. or min. |
|--------|-------|--------|------|---|

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>none</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)13. NAME *Walter N. Hungerford*14. BIRTHPLACE (city or town) *Franklin, Vt.*
(State or country)15. MAIDEN NAME *Glady's Steel*16. BIRTHPLACE (city or town) *Greenbury, Pa.*
(State or country)17. INFORMANT *Walter N. Hungerford*
(Address) *9027 E. Lombard St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *Oct. 1 - 1936*19. UNDERTAKER *Lilly & Ziehl, Inc.*
(Address) *4030 Maple St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 30 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 29, 1936* to *Sept. 30, 1936*I last saw him alive on *Sept. 30, 1936* Death is said to have occurred on the date stated above, at *4:02 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wesley J. Kelly

M. D.

(Address)

Church Home & Inf.

FILED

1936

19

W. J. Kelly

M. D. F 27704

F 27704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Infirmary

CITY OF BALTIMORE: (No. _____)

St., _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Albert W. Marks. (Albert William Marks)

(a) Residence: No. _____

719 C. Street, Sparrows Point, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male.

white.

married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. Annie Marks.

6. DATE OF BIRTH (month, day, year)

Sept. 24, 1870

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

66

0

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Power Dept. 86

10. Date deceased last worked at this occupation (month and year)

Sept 1936

11. Total time (years) spent in this occupation

0086

12. BIRTHPLACE (city or town) (State or country)

York County, Pa.

MOTHER

13. NAME

Annie Marks

14. BIRTHPLACE (city or town) (State or country)

Perryman, Md.

15. MAIDEN NAME

Sarah Keice.

16. BIRTHPLACE (city or town) (State or country)

Pennsylvania.

17. INFORMANT

(Address)

Mrs. Annie Mary Marks
719 C. Street, Sparrows Point, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Moreland Memorial

Date

Oct 2, 1936

19. UNDERTAKER

(Address)

J. J. Lickner & Sons
North Pa. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1936.

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 24, 1936, to Sept. 29, 1936.

I last saw him alive on Sept. 29, 1936. Death is said to have occurred on the date stated above, at 6:45 pm.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Type III

Date of onset

9/21/36

Other contributory causes of importance:

Arterial failure.

Name of operation. None.

Date of _____

What test confirmed diagnosis?

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) _____

John A. Myers.

M. D.

(Address) _____

Church Home & Inf.

CT 1-1936

F. E. Lickner

Register

F 27705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 207 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Benjamin Morra

If U. S. Veteran

specify WAR

(a) Residence: No.

1507 N. Chapel St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 14, 1922*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
14 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.*
(State or country) *MD.*13. NAME *Pietro Morra*14. BIRTHPLACE (city or town) *Italy*
(State or country)15. MAIDEN NAME *Antonia Comata*16. BIRTHPLACE (city or town) *Italy*
(State or country)17. INFORMANT *Pietro Morra*(Address) *1507 N. Chapel St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Oct 2, 1936*19. UNDERTAKER *Matton Schilling*(Address) *1122 E. Monument St.*

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 29, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Intra-Peritoneal Hemorrhage
crushed fracture of
right leg.*

Other contributory causes of importance:

*Shock*Was an operation performed? *Yes*

Date of

*9/28/36*For what disease or injury? *Hemorrhage*Name of operation *Laparotomy*Date of *9/28/36*What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *9/28/36*Where did injury occur *Penma R.R. - Patterson Pl. - Balto.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Railroad tracks*Manner of injury *Struck by a train*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Rehner*

Coroner

M. D.

(Address) *1918 E. North Ave.*

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

27706

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27706

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6500 Rosemont Ave. St. 37 Ward 5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 6500 Rosemont Ave. St. 37 Ward 5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gross6. DATE OF BIRTH (month, day, year) May 30, 19127. AGE 64 Years 3 Months 28 Days 11 LESS than 1 day..... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John C. Bogdans14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Sarah Back Miller16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Mrs. Ella N. Baker (Address) 6500 Rosemont Ave.18. BURIAL, CREMATION OR REMOVAL Buried Place Edgewood Date Oct. 1, 193619. UNDERTAKER Castor Sons (Address) Edgewood

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 193622. I HEREBY CERTIFY That I attended deceased from Jan 1, 1936 to Sept. 27, 1936I last saw him alive on Sept. 27, 1936 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of RectumDate of onset July 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Danes M. D.(Address) 800 W 33rd Street

OCT 1 - 1936

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 27707

F 27707

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Calloway St., 13th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(Mrs) Pauline August Tanzer

(a) Residence: No. 2206 Calloway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of late Edward Tanzer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2-1863

7. AGE Years 72 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 00³⁷

12. BIRTHPLACE (city or town) Macomb Ill. (State or country)

13. NAME Isidor August

14. BIRTHPLACE (city or town) Bavaria (State or country)

15. MAIDEN NAME Hattie Strauss

16. BIRTHPLACE (city or town) Phila Pa (State or country)

17. INFORMANT Isidor A. Tanzer

(Address) 2206 Calloway St.

18. BURIAL, CREMATION, OR REMOVAL Placed in Hebrew Burial Soc. Date Oct. 2 1936

19. UNDERTAKER David Longman

(Address) 902 Easton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1936

22. I HEREBY CERTIFY. That I attended deceased from Jan 1, 1936 to Sept 30, 1936

I last saw him alive on Sept 30, 1936 Death is said to have occurred on the date stated above, at 10⁵⁵ p. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Myocarditis

Date of onset

Other contributory causes of importance:

Coronary Thrombosis
Cardiac dilatation

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadon M. D.

(Address) 2306 Easton Place

CT 1-1936

FD. 27708

F 27708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto. Gen. Hospital 15-6 Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Bradley T. Goodman(a) Residence: No. 2024 Braddish Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Florence May Johnson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 15, 18827. AGE Years 54 Months 1 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Watchman
sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, National Car Loading Company
saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME (Adopted) Charles Goodman14. BIRTHPLACE (city or town)?
(State or country)15. MAIDEN NAME Graham16. BIRTHPLACE (city or town)?
(State or country)17. INFORMANT Mrs. Howard Bevard
(Address) 2024 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem'ty Date Oct. 2, 193619. UNDERTAKER John J. Mitchell & Sons, Inc.
(Address) 1900 Euter Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-36 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal Chest injuries

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-21-36Where North Braddish Ave
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetStruck by auto as he got off street car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Struck by auto M. D.(Address) 5142 Park Heights Ave.

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

27709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27709

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St., 5-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1406 McEldred St.* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 27, 1936*7. AGE Years *0* Months *4* Days *6* If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt.* (State or country) *MD.*13. NAME *Harry Tillery*14. BIRTHPLACE (city or town) *N. C.* (State or country)15. MAIDEN NAME *Leatha Walker*16. BIRTHPLACE (city or town) *Va.* (State or country)17. INFORMANT *Harry Tillery* (Address) *1406 McEldred St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *277 Calvary* Date *Oct 1*19. UNDERTAKER *Carver Sanders* (Address) *1413 E. Preston St.*

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 30, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquiry* (Inquest, Autopsy or Inquiry)obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Primary Broncho-Pneumonia

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Phemister* Coroner(Address) *1919 E. North Ave*

M. D.

27710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Frederick St., 78-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5002 Frederick St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|---------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11, 1886

| | | | |
|-----------------|----------|---------|----------------------------------|
| 7. AGE 30 Years | Months 6 | Days 17 | If LESS than 1 day, hrs. or min. |
| | 7 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Humber ville Ohio (State or country)

13. NAME John W. Conley

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Mary Dillon

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Robert J. Cruse (Address) Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Columbus Ohio Date Oct 2, 1936

19. UNDERTAKER John C. Mitchell Sons (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

1936 Oct 1, 1936

I last saw him alive on Oct 1, 1936 Death is said

to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Conley M. D.

(Address) 5002 Frederick St. City

1936

OCCUPATION is very important. See instructions on back of certificate.

F 27711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27711

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *174* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *630 South Beland* St., *174* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Sept 24, 1936*7. AGE Years *0* Months *0* Days *76* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)13. NAME *Charles Mack*14. BIRTHPLACE (city or town) *630 South Beland* (State or country) *Balt. Md*15. MAIDEN NAME *Emma Elizabeth De Vaughn*16. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)17. INFORMANT *Dr. Williams*(Address) *Sinai Hosp. Balt. Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkview*Date *Oct 1*19. UNDERTAKER *Filly & Zink*(Address) *402 S. W. 10th St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 30*, 193622. I HEREBY CERTIFY, That I attended deceased from *Sept 24*, 1936 to *Sept 30*, 1936.I last saw him alive on *Sept 30*, 1936 Death is said to have occurred on the date stated above, at *5:27* p. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Disease of New-born

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury?

What test confirmed diagnosis? *Ry. Exam* Is there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Sidney Limer*(Address) *Sinai Hospital, Balt. Md.*

M. D.

OCT 1 - 1936

27712 HEALTH DEPARTMENT—CITY OF BALTIMORE 27712

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Calvert St. 17-5 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis D. Dodds alias Jack HagerH. U. S. Veteran
specify WAR

(a) Residence: No.

1637 N. Calvert

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) 18937. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Perth (State or country)13. NAME John Dodds Sr.14. BIRTHPLACE (city or town) Scotland (State or country)15. MAIDEN NAME Margaret Leith Hagg16. BIRTHPLACE (city or town) Scotland (State or country)17. INFORMANT Family Records (Address)18. BURIAL, CREMATION, OR REMOVAL Philad Pa Date Oct 1 193619. UNDERTAKER Chas H. Spence (Address) 1180 N. York Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary T.B.
Pulmonary Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Erwin B. Hollar M. D.
(Address) 1051 St. Paul St.

OCT 1 - 1936

F 27713

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27713

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Morgan St. 25-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Blake

(a) Residence: No. 2501 Morgan St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Hannah Blake (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years 76 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Blake

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Gladys Blake (Address) 2501 Morgan St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn Cem Date October 2nd, 1936

19. UNDERTAKER Joseph A. Lively (Address) 409 N. Mount St

20. FILED 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/36

22. I HEREBY CERTIFY, That attended deceased from 9/26/36 to 9/29/36
I last saw him alive on 9/29/36 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 6/1/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. H. M. D.
(Address) 412 Gilman St

27714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Exeter St. 5-1 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 40 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 126 N. Exeter St. 5-1 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Isaac Kalinsky (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 80 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Russia (State or country) _____

13. NAME Not Known

14. BIRTHPLACE (city or town) Russia (State or country) _____

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Russia (State or country) _____

17. INFORMANT Mr. Wm Kalinsky (Address) 126 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL Place Ches. Shole 10-2 1936

19. UNDERTAKER John J. Lewis (Address) 1031 N. E. St.

1936

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30- 1936

22. I HEREBY CERTIFY that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Vascular Thrombosis
Chn. Myocarditis

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Chas. B. Hallan

(Address) 1031 N. E. St.

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

27715

✓ F 27715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital* Registered No. *119*
 CITY OF BALTIMORE: (No. *23* Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred *6* yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? *9* yrs. *9* mos. *9* ds.
 2. FULL NAME *Allen W. Lawrence* If U. S. Veteran specify WAR
 (a) Residence: No. *1725* *Clarkson Street* St., *23* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of *—*
 (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year) *March 2, 1936*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 months *29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Balto. Md. infant*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *infant*
 10. Date deceased last worked at this occupation (month and year) *—*
 Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

13. NAME *Willford W. Lawrence*

14. BIRTHPLACE (city or town) (State or country) *Chester Town Md.*

15. MAIDEN NAME *Ida Schiefel*

16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

17. INFORMANT *J. A. Lawrence*
 (Address) *1725 Clarkson St.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Loudy Pk.* Date *Oct 3, 1936*

19. UNDERTAKER *A. G. Hayward Evans*
 (Address) *1400 S. B. Clarke St.*

1. *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 1, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *September 27, 1936* to *October 1, 1936*
 I last saw him alive on *October 1, 1936* Death is said to have occurred on the date stated above, at *8:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Infectious diarrhea

Date of onset
About 9/24

Other contributory causes of importance:

Malnutrition

Harrison

Was an operation performed? *no* Date of *—*

For what disease or injury? *—*

Name of operation *—* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? *No* Date of injury *—*, 19 *—*

Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis Joseph Kral* M. D.

(Address) *South Balto. Gen. Hosp.*

27716 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27716

17440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-5 Ward 9-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Petherbridge, William

(a) Residence: No. 1422 Homestead St. St. 9-5 Ward 9-5
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced S (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-29-1868

7. AGE Years 67 Months 10 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME William Petherbridge

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Margaret Selvage

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct 2 1936

19. UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29 36

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1936 to 9-29 1936

I last saw him alive on 9-29 1936. Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 9-26-36
Arterio-sclerotic Heart Dis. Aug 1936

Other contributory causes of importance:

Was an operation performed? No Date of 9-26-36

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Keim M. D.

(Address) Baltimore City Hospital

27717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Highland St. Ward 93a)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Patrick V. McGinnis

(a) Residence: No. 311 S. Highland St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Jan 1860

7. AGE Years 76 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME John McGinnis

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Bassell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ann McGinnis (Address) 311 S. Highland St.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date 10/21 1936

19. UNDERTAKER J. G. Moran (Address) 3000 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1936 to Sept 29 1936

I last saw her alive Sept 29 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 9/22/36

Other contributory causes of importance:

Acute Myocarditis 9/29/36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? absent Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horace B. Titlow M. D.

(Address) 311 S. Highland Ave

1-1936

27718

F 27718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *16 S. East St.* St., *26-10* Ward)Registered No. *93-2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edna E. O'Brien

If U. S. Veteran specify WAR

(a) Residence: No. *16 S. East St.*St., *26-10* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John H. O'Brien*6. DATE OF BIRTH (month, day, year) *Jan 9 - 1889*7. AGE Years *46* Months *8* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Wm*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt Md* (State or country)13. NAME *Wallis*14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *John H. O'Brien* (Address) *16 S. East St*

18. BURIAL, CREMATION OR REMOVAL

Place *Oak Lawn* Date *Oct 2, 1936*19. UNDERTAKER *J. Heermann & Son* (Address) *32 S. Broadway*1. FILED *1-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *SEP 29 1936*, 1922. I HEREBY CERTIFY, That I attended deceased from *6-24*, 19*36* to *SEP 29 1936*, 19I last saw him alive on *Sept 28, 1936* Death in said to have occurred on the date stated above, *10:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Coronary Myocarditis
Arterial Fibrillation

Date of onset

3 yrs.

Other contributory causes of importance:

Cardiac Syncope *1 day*

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward A. Hook* M. D.(Address) *413 N. Washington*

✓ F 27719

F 27719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12663

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brengle, Samuel

(a) Residence: No. Frederick, Md. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|--|
| 3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) ? |
|-------------|-----------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

? unknown

6. DATE OF BIRTH (month, day, year) 1865

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 71 | | | | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

? unknown

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

? unknown

13. NAME

? unknown

14. BIRTHPLACE (city or town)
(State or country)

? unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

? unknown

17. INFORMANT

(Address)

B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick, Md. Date 10-3-1936

19. UNDERTAKER

(Address)

M. R. Etchison, Jr. No
Frederick, Md.

20. FILED

1-1936

Huntington Williams, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-1936

22. I HEREBY CERTIFY, That I attended deceased from

6-21-1935 to 9-28-1936

I last saw him alive on 9-28-1936 Death is said
to have occurred on the date stated above, at 8:15 A.M.The principal cause of death and related causes of
importance were as follows:

Broncho pneumonia

Date of onset

3 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? physical Where an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

W. A. Hopewell
Balt. City Hosp.

✓ F 27720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *James Frank Sparks* (14003)

(a) Residence: No. 1000 S. Baylis St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Margaret (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1878

7. AGE Years 58 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME George

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Oct 30 1936

19. UNDERTAKEN John C. Miller (Address) 2437-35 E. Belvoir St

20. FILED 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1936

22. I HEREBY CERTIFY. That I attended deceased from May 6, 1936, to Oct. 1, 1936

I last saw him alive on October 1, 1936. Death is said to have occurred on the date stated above, at 7:15 m. A.M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset March 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Lem H. Seidman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 27721

✓ F 27721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 27-1* St., *27-1* Ward)Registered No. *93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Konrad Focht*

If U. S. Veteran

specify WAR

(a) Residence: No. *3406 Belair Rd.* St., *27-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or WIFE of) <i>Anna Maria Focht</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 16, 1866</i> | | |
| 7. AGE | Years <i>70</i> | Months <i>4</i> |
| | Days <i>20</i> | If LESS than 1 day, <i>14</i> hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0040</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) <i>Sept. 30</i> , 19 <i>36</i> |
| 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an <i>inquiry</i> thereon and from the evidence obtained by said <i>inquiry</i> find that said deceased came to <i>his</i> death on the day stated above. |
| The principal cause of death and related causes of importance were as follows: |
| <i>Chronic Myocarditis</i> |
| Other contributory causes of importance: <i>Cardiac Failure</i> |
| Was an operation performed? <i>No</i> Date of |
| For what disease or injury? |
| Name of operation Date of |
| What test confirmed diagnosis <i>Clinical</i> Was there an autopsy? <i>No</i> |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury <i>19</i> |
| Where did injury occur? (Specify city or town, county, and State) |
| Specify whether injury occurred in industry, in home, or in public place |
| Manner of injury |
| Nature of injury |

| |
|--|
| 12. BIRTHPLACE (city or town) <i>Austria</i> (State or country) |
| 13. NAME <i>John Focht</i> |
| 14. BIRTHPLACE (city or town) <i>Austria</i> (State or country) |
| 15. MAIDEN NAME <i>May Ann Schanner</i> |
| 16. BIRTHPLACE (city or town) <i>Austria</i> (State or country) |
| 17. INFORMANT <i>Anna Maria Focht</i> (Address) <i>3406 Belair Rd.</i> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Moreland Rd.</i> Date <i>Oct 2, 1936</i> |
| 19. UNDERTAKER <i>John C. Miller</i> (Address) <i>2433-35 E. Calver St.</i> |

| |
|---|
| 24. Was disease or injury in any way related to occupation of deceased? |
| If so, specify |
| (Signed) <i>Paul Schenker</i> Coroner M. D. |
| (Address) <i>1918 E. North Ave.</i> |

1. ELSD 1936

Register

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 27722

✓ F 27722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Louise Ave St., 27 Ward)Length of residence in city or town where death occurred 40 yrs. 40 mos. 40 ds. How long in U. S. If of foreign birth? 40 yrs. 40 mos. 40 ds.

2. FULL NAME

(a) Residence: No. 2921 Louise Ave

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. 94-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Alma Griffiths (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 7, 18797. AGE Years 57 Months 1 Days 24 If LESS than 1 day, 40 hrs. or 40 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Oil Co.10. Date deceased last worked at this occupation (month and year) May 20, 1936 11. Total time (years) spent in this occupation. 4012. BIRTHPLACE (city or town) Englewood (State or country)13. NAME Harry Griffiths14. BIRTHPLACE (city or town) Englewood (State or country)15. MAIDEN NAME Alma Griffiths16. BIRTHPLACE (city or town) Englewood (State or country)17. INFORMANT Alma Griffiths (Address) 2921 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 10 19 3619. UNDERTAKER St. Mary's (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway19. UNDERTAKER (Address) 12121 Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 193622. I HEREBY CERTIFY, That attended deceased from May 30, 1936, to Oct 1, 1936I last saw him alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 12:15 PM

The principal cause of death and related causes of importance were as follows:

Coronary occlusion 10-31-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical Date ofWhat test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) S. A. Alemany M. D.(Address) 6212 Hayford Rd.

OCT 2 - 1936

F. D. 27723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 Woodward St 21-1 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If, of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 843 Woodward St., 21-1 Ward. No War Record
(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND John Hermannlein
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 18-18627. AGE Years 74 Months 7 Days 13 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Leinborn (Germany)
(State or country)13. NAME Leinborn14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Margaret Sauer
(Address) 1300 Beason St18. BURIAL, CREMATION, OR REMOVAL
Place Bauchmans Date Oct 3 193619. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED - 1936 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/36, 1922. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to 10/1/36, 19I last saw him alive on 9/30/36, 19. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration 8/3/33

Other contributory causes of importance:

Arteriosclerosis
Chronic Pulmonary edemaName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Loose Miller M. D.(Address) 1228 S. Charles St

F 27725

F 27725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2641 Wilkens Ave* Ward *10*)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

*John W. Brandt*If U. S. Veteran specify WAR *No Record*(a) Residence: No. *2641 Wilkens Ave*Ward *10*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Virginia Brandt*6. DATE OF BIRTH (month, day, year) *Nov 15th 1880*7. AGE Years *55* Months *10* Days *15* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Finisher*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Furniture*10. Date deceased last worked in this occupation (month and year) *April 1936* 11. Total time (years) spent in this occupation *10 1/2*12. BIRTHPLACE (city or town) (State or country) *Calvert Co Md*13. NAME *Samuel S. Brandt*14. BIRTHPLACE (city or town) (State or country) *Penn*15. MAIDEN NAME *Mary E. Burns*16. BIRTHPLACE (city or town) (State or country) *Scotland*17. INFORMANT *Frank Pambach* (Address) *2641 Wilkens Ave*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Oct 3rd 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 30th 1936*22. I HEREBY CERTIFY, That I attended deceased from *Jan* 1935 to *Sept 30th 1936*I last saw him alive on *Sept 30th 1936* Death is said to have occurred on the date stated above, at *230 p.m.*

The principal cause of death and related causes of importance were as follows:

Chr. Valvular Heart Disease Date of onset *954*

Other contributory causes of importance:

Acute Cardiac Dehydration *Pulmonary Edema*Was an operation performed? *No* Date of *Sept 30th 1936*

For what disease or injury?

Name of operation *None* Date of *Sept 30th 1936*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *Sept 30th 1936*Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *None*(Signed) *Harry Shuman M.D.*(Address) *253 W. Fayette St*

27726

F 27726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swai Hospital*)

St. *26-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. , mos. , ds. How long in U. S. If of foreign birth? yrs. , mos. , ds.

2. FULL NAME

Bertha Silver

If U. S. Veteran specify WAR

(a) Residence: No. *3724 Eastern Ave.*

St. , Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced *HUSBAND of Max Silver*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 18, 1894*

7. AGE Years Months Days *42 2 12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt.*
(State or country) *Md.*

13. NAME *David Levy*

14. BIRTHPLACE (city or town) *Russia*
(State or country)

15. MAIDEN NAME *Sarah Levy*

16. BIRTHPLACE (city or town) *Russia*
(State or country)

17. INFORMANT *Abel Levy*
(Address) *619 S. Broadway*

18. BURIAL, CREMATION, OR REMOVAL *Interment Herring Row* Date *Oct 2* 19*36*

19. UNDERTAKER *S. L. Lannon Bros*
(Address) *1127 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 1* 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Mitral Stenosis
Hypertension*

Other contributory causes of importance:

Cardiac Failure - Pulmonary Aneurysm

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

(Address) *1919 E. North Ave.*

M. D.

Coroner

2-1936

Wm. L. Williams, M.D.

See instructions on back of certificate. OCCUPATION is very important.

F 27727

16991

F 27727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14 - W. 25)Registered No. 82-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charley Jenkins(a) Residence: No. 1710 Etting St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Armandia
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 15 18957. AGE Years 41 Months 1 Days 14 If LESS than 1 day, hrs. or min. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Georgia
(State or country)FATHER 13. NAME William
14. BIRTHPLACE (city or town) Georgia
(State or country)MOTHER 15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town) Georgia
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place mt Auburn cem Date 10-2-36

19. UNDERTAKER

(Address) George H. Nelson
1302 Prustman St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 29 3622. I HEREBY CERTIFY, That I attended deceased from 9-8 1936 to 9-29 1936I last saw him alive on 9-29 1936 Death is said to have occurred on the date stated above, at 8:45 P.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 9-25-36
Hemiplegia (Cerebral Hemorrhage) 9-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John S. Kainer M. D.
(Address) Baltimore City Hospital

CT 2 - 1936

W. D. 27728

✓ F 27728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Parkwood Ave St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. Now long in U. S. If of foreign birth? 27-1 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4101 Parkwood Ave St., 27-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of John Bern
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 10 18587. AGE 78 Years 11 Months 29 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) (State or country) Czechoslovakia13. NAME Frank Rakcek
14. BIRTHPLACE (city or town) (State or country) Czechoslovakia15. MAIDEN NAME Anna Rakcek
16. BIRTHPLACE (city or town) (State or country) Czechoslovakia17. INFORMANT John Bern
(Address) 4101 Parkwood Ave18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Cemetery Date Aut. 10 193619. UNDERTAKER Howard N. Blight
(Address) 2914 Belair Road20. FILED 19 Registrar. Th. J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 3622. HEREBY CERTIFY That I attended deceased from Sept 28 1936 to Sept 30 36I last saw her alive on Sept 30 1936 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Sept 28

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(If so, specify _____)

(Sign) William J. Blight M. D.(Address) 801 W. Belair Rd

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

27729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5317 Beaufort ave. Ward)

14th residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5317 Beaufort ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Ida M. Sullivan (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1864 7. AGE 72 Years 5 Months 1 Day or LESS than 1 day.. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Carroll County (State or country)

13. NAME James Sullivan

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Ida M. Sullivan (Address) 5317 Beaufort ave

18. BURIAL, CREMATION, OR REMOVAL new Catholic Date 10/3/36 Place

19. UNDERTAKER Richard F. Beasley (Address) 1341 Gordon ave

20. FILE NO. 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1936

22. I HEREBY CERTIFY. That I attended deceased from June 15, 1936 to Sept 30, 1936

I last saw him alive on Sept 30, 1936 Death is said to have occurred on the date stated above, at 10:30 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 9-29-36

Other contributory causes of importance: Grand Arteriosclerosis 5 yrs.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (If so, specify)

(Signed) James S. Alshurst M. D.

(Address) 4012 Park Heights av

27739

F 27730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4010 Roland av* St. *13-7* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Chas Ellsworth Schultzy*(a) Residence: No. *4010* St. *13-7* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Dorothy Roland Schultzy* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 15, 1901*7. AGE Years *35* Months *0* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Civil Engineer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *State Roads N.Y.*10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Chas E Schultzy*14. BIRTHPLACE (city or town) *Balto* (State or country) *md*15. MAIDEN NAME *Ada J Gladfelter*16. BIRTHPLACE (city or town) *Balto* (State or country) *md*17. INFORMANT *Madame Thos Schultzy* (Address) *Charlton, N.Y.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt Olivet* Date *10/3/36*19. UNDERTAKER *Leo E Beyer Jr* (Address) *1512 Hollist St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 14, 1936*

22. I HEREBY CERTIFY That I am in charge of the remains described above, held in (Inquest, Autopsy, Inquiry)

obtained by said find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound in head Date of onset *10-1-36*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide of Injury *10-1-1928*Where did injury occur? *4010 Roland av* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of Injury *Pistol shot in head*Nature of Injury *Brain Trauma*

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm Jiden Law* M. D.(Address) *Coroner*

OCT 2 - 1936

OCCUPATION is very important. See instructions on back of certificate.

27731

✓ F 27731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swain Hospital 7-5* Ward)Registered No. *X 157-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *21* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martha Lynch

If U. S. Veteran

specify WAR

(a) Residence: No. *421 Central Ave, Cumberland, Md.* St., Ward.

(Usual place of abode)

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Henry A. Lynch*6. DATE OF BIRTH (month, day, year) *March 5 - 1936*7. AGE Years *6 mos.* Months *6* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓* 10. Date deceased last worked at this occupation (month and year) *Nov 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Cumherland* (State or country) *Md.*13. NAME *Henry A. Lynch* 14. BIRTHPLACE (city or town) *Corrooning* (State or country) *Md.*15. MAIDEN NAME *Mary Collins* 16. BIRTHPLACE (city or town) *Three Churches* (State or country) *Pr. Va.*17. INFORMANT *Henry A. Lynch* (Address) *Cumherland Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Cumherland Md.* Date *10/2* 193619. UNDERTAKER *Factor* (Address) *Cumherland Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 1* 193622. I HEREBY CERTIFY, That I attended deceased from *Sept. 18* 1936 to *Oct. 1* 1936I last saw her alive on *Oct. 1* 1936 Death is said to have occurred on the date stated above, at *8 A.M.*

The principal cause of death and related causes of importance were as follows:

Bac. Dysentery
Bronchopneumonia

Date of onset

*Sept. 23**Sept. 30*

Other contributory causes of importance:

Congenital Heart Disease - Tri-
*-locular Heart, Patent Ductus, Transposition of Arteries*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Bernard Edman* M. D.(Address) *Swain Hospital*

T 2 - 1936

17515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27732

F 27732

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-3 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

William Barkley(a) Residence: No. 917 Booth St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>B</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?6. DATE OF BIRTH (month, day, year) 1-18-1884

| | | | | |
|-----------|-------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day,hrs. ormin. |
| <u>52</u> | | <u>7</u> | <u>11</u> | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Laborer</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME John14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME ? Faney16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not Buried Date Oct 2, 193619. UNDERTAKER St. E. Jackson
(Address) 918 Penn Ave

T-2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-3622. I HEREBY CERTIFY. That I attended deceased from 9-28 1936 to 9-29 1936I last saw him alive on 9-29 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac-renal Dis Date of onset 9-7-36?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy Yes

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Rainey

M. D.

(Address) Baltimore City Hospital

27733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton* St., *95-B* Ward)
 Length of residence in city or town where death occurred yrs. *6* mos. *6* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Calvert R. Jones*
 (a) Residence: No. *Madison* St., *md* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. *95-B*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 6a. If married, widowed, or divorced HUSBAND of <i>Emma Jones</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Oct. 9, 1879</i> | | |
| 7. AGE <i>57</i> Years <i>58</i> Months <i>29</i> Days <i>13</i> If LESS than 1 day, hrs. or min. | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Canner</i> | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked in this occupation (month and year) <i>1936</i> | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> | | |
| 13. NAME <i>Thomas Jones</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> | | |
| 15. MAIDEN NAME <i>Mary Wood</i> | | |
| 16. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> | | |
| 17. INFORMANT (Address) <i>Dr. J. S. Howell</i> <i>Catonville</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Madison</i> Date <i>Oct. 2, 1936</i> | | |
| 19. UNDERTAKER (Address) <i>Easton</i> <i>Liberty</i> | | |
| 20. FILED 19 <i>Oct 2, 1936</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 2, 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept. 26, 1936* to *Oct. 2, 1936*
 I last saw him alive on *Oct. 2, 1936* Death is said to have occurred on the date stated above, at *4:50 a.m.*
 The principal cause of death and related causes of importance were as follows:
Cardio-Vascular Degenerative Diseases
Coronary Thrombosis
Cerebral Embolus
 Date of onset *1935*
Sept-36
10-2-36
 Other contributory causes of importance:
Arteriosclerosis
 Was an operation performed? *No* Date of _____
 For what disease or injury?
 What test confirmed diagnosis? *Clinical* as there an autopsy? *No*
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____
 (Signed) *Louis S. Llewellyn, M.D.*
 (Address) *St. Agnes Hospital*

F 27734

F 27734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Charles Pratt(a) Residence: No. 2211 Druid Hill Avenue St., 14-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 17539

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Buelah Pratt6. DATE OF BIRTH (month, day, year) 1886 18867. AGE 50 Years 50 Months ? Days ? If LESS than 1 day, hrs. ? or min. ?8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Track9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 201610. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 201612. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Billy Pratt14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Lena Jones16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Calvary Place Calvary Date Oct 5, 193619. UNDERTAKER John F. Rainey (Address) Baltimore City Hospital20. FILED 2-1936 19. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30, 193622. I HEREBY CERTIFY, That I attended deceased from 9-29 to 9-30, 1936I last saw him alive on 9-30, 1936 Death is said to have occurred on the date stated above, at 10:40 P.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-renal Dis. Date of onset 1 mo.

Other contributory causes of importance:

Was an operation performed? No Date of 1936

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned: John F. Rainey M. D.(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3230 Dudley Ave. St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas H. Thompson

If U. S. Veteran

specify WAR

(a) Residence: No. 3230 Dudley Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Jane Wilson Thompson (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 15, 1860

7. AGE Years 75+ Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Arthur Thompson 14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Ann Maria Beggs 16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Fred Kull (Address) 3230 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Oct. 3, 1936

19. UNDERTAKER Harry H. Witzjke (Address) 4101 Edmondson Ave.

20. REGISTRAR Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Paul Wheeler

M. D.

(Address) 1918 E. North Ave. Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 27736

7736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 W. Baltimore St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary I. Sewell

If U. S. Veteran

specify WAR

(a) Residence: No. 1612 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced
HUSBAND of George R. Sewell
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 20, 1861.7. AGE 75 Years 2 Months 10 Days If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Thomas Frizzell14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Elizabeth Sheppard16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT George R. Sewell,
(Address) 1612 W. Baltimore St.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 3, 193619. UNDERTAKER Harry H. Hutzke
(Address) 101 Monmouth Ave.
St. Louis, Mo.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Sept. 30, 1936
I last saw him alive on Sept. 29, 1936 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - Before 11-1-34
Aphasia and Hemiplegia 11-1-34
Cerebral hemorrhage. 9-28-36

Other contributory causes of importance:

Ovarian cyst - Before 11-1-34Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Henry C. O'Brien(Address) 1203 W. Fayette St.

CT 2-1936

27737

F 27737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 11-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Ida J. Mohlenrich Mohlenrich*If U.S. Veteran
specify WAR(a) Residence: No. *Wyndcrest & Summit Ave. Catonsville* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *W*5a. If married, widowed, or divorced
HUSBAND of *George J. Mohlenrich*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *4-19-84*7. AGE Years *52* Months *5* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *H. W.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) *Sept. 1936* 11. Total time (years) spent in this occupation *life*12. BIRTHPLACE (city or town) *Pa.*
(State or country)13. NAME *Joseph Wrightman*14. BIRTHPLACE (city or town) *Pa.*
(State or country)15. MAIDEN NAME *Julia Wells*16. BIRTHPLACE (city or town) *England*
(State or country)17. INFORMANT *Margaret Mohlenrich*
(Address) *Summit Ave. Catonsville*18. BURIAL, CREMATION OR REMOVAL
Place *London Park* Date *Oct 5 1936*19. UNDERTAKER *John Mitchell Sons*
(Address) *1900 Eulan Place*

20. FILED

21. *Huntington Williams, M.D.*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-2*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *9-20*, 19*36* to *10-2*, 19*36*I last saw him alive on *10-2*, 19*36*. Death is said to have occurred on the date stated above, at *2:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Lung abscess & pneumonia - thorax - right*Date of onset
9-20-36

Other contributory causes of importance:

*Aspiration of foreign body**9-24-36*Was an operation performed? *no* Date ofFor what disease or injury? *no*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *9-20-36*Where did injury occur? *Catonsville Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *no*Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*Signed) *J. Freeman*

M. D.

(Address) *Mercy Hosp.*

T 2 - 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23 F 27738

27738

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-3 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Per August Anderson (7605)

(a) Residence: No. 1700 Fleet Street St., _____ Ward. _____
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan. 16, 1878

7. AGE Years 58 Months 8 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

13. NAME Edward Anderson

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Maria Pettson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Paul's 5th Ref Cem. Oot. 2, 1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1936

22. I HEREBY CERTIFY. That I attended deceased from June 17, 1935 to Sept. 30, 1936

I last saw him alive on Sept. 30, 1936 Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Nephrosis due to tuberculosis
is

Date of onset 1930
Sep. 1935

Other contributory causes of importance:
Uremia

3 da.

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical Yes

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19 _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify

(Signed) Leon H. Feldman M. D.
(Address) Baltimore City Hospitals

2-1936

27739

HEALTH DEPARTMENT—CITY OF BALTIMORE 27739

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St. 7-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME *Jean F. Norris*(a) Residence: No. *19 Hilltop Rd.* (Usual place of abode)*A. G. Co* Ward *Brooklyn, Md.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of Clifford A. Norris
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 11, 1895*7. AGE Years *41* Months *6* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Newport*
(State or country) *Kentucky*13. NAME *Charles Fisher*14. BIRTHPLACE (city or town) *Hickman*
(State or country)15. MAIDEN NAME *May Brockway*16. BIRTHPLACE (city or town) *Hickman*
(State or country)17. INFORMANT *Clifford A. Norris*
(Address) *19 Hilltop Rd - Brooklyn - Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Edger Hill* Date *Oct. 3, 1936*19. UNDERTAKER *Thomas W. Dingleton*
(Address) *Blow, Bumie, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 1, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *her* death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Larynx

Other contributory causes of importance:

*hemorrhage*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schechter* Coroner(Address) *1919 E. North Ave.*

M. D.

CT 2 - 1936 *William Williams, Jr.*

State Cause of Death is very important. See instructions on back of certificate.

v s s

27740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 E Madison St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. 10 years (approx) How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1533 E Madison St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. about 50 1886

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by first that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Day of onset

Sept 25, 1936

Other contributory causes of importance:

Arteriosclerosis about 1935

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. S. Allen

(Address)

M. D.

F 27741

F 27741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 South Ann St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 35 South Ann St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Hannie J. Bachmann6. DATE OF BIRTH (month, day, year) Jan 21 18797. AGE Years 57 Months 8 Days 10 If LESS than 1 day, hrs. 10 min. 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto13. NAME John W. Bachmann14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME Agnes S. Wright16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT Hannie J. Bachmann
(Address) 35 S. Ann St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 5 193619. UNDERTAKER Martin W. E. Duppel
(Address) 37 S. Ann St.20. FILED 19 36 Registrar Wm. J. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 193622. I HEREBY CERTIFY, That I attended deceased from Sept 30 1936 to Oct 1 1936I last saw him alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Sept 30 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Wm. J. Williams, Jr. M. D.(Address) 1900 Eastern Ave.

CT 2-1-36

27742

F 27742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 E. Fayette St. Ward 6-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2536 E. Fayette St. Ward 6-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of John A. Summuck
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 3 18587. AGE 77 Years 9 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10312. BIRTHPLACE (city or town) (State or country) Balto.13. NAME John Jones14. BIRTHPLACE (city or town) (State or country) Balto.15. MAIDEN NAME Margaret A. Meekins16. BIRTHPLACE (city or town) (State or country) Balto.17. INFORMANT Agatha Book
(Address) 2200 Mayfield Ave18. BURIAL, CREMATION, OR REMOVAL Golden Hill Burial Date Oct 3 193619. UNDERTAKER Martin H. E. Dippel
(Address) 37 E. Ann St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 193622. HEREBY CERTIFY, That I attended deceased from Sept 14 1936 to Oct 1 1936I last saw her alive on Sept 30 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

myo cardiac failurecardio-vascular - Renal disease

Other contributory causes of importance:

chronic Bronchitis

Date of onset

Sept 28 1936
2 yrs
2 yrs

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? phys exam Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) Louis F. Krumm M. D.(Address) 722 No. Kenwood Ave2-1936 St. Elizabeth's Hospital

27743 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27743

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4* - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *14* mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Reese B. Davis

If U.S. Veteran

specify WAR

(a) Residence: No.

Belmont City, Md

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *H.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

3a. If married, widowed, or divorced -

HUSBAND of
(or) WIDOW of

Mexie E. Davis

6. DATE OF BIRTH (month, day, year)

May 22, 1892

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

44

4

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Joshua Davis

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Ella Meunson

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Charles Am*

Date *Oct 3*

19. UNDERTAKER

(Address)

Charles G. Black
742 W. North Ave

20. FILED

2 - 1936

H. E. Williams, Jr.
RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 2*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

9/18

1936

to

10/2/

1936

I last saw him alive on *10/2/36*, 19*36*. Death is said

to have occurred on the date stated above, at *9:30 AM*.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the neck
11 mos.

Date of onset

Oct 1835

Other contributory causes of importance:

Aspiration of secretions

Oct 1, 1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard H. Kimbrough* M.D.

(Address) *Mercy Hospital*

F 27744

F 27744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 8-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME Mary Womack(a) Residence: No. 1626 E Chase

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|------------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|-------------------------|------------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Charlie Womack
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 1, 1923

| | | | | |
|--------|-----------|----------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>23</u> | <u>1</u> | | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>None</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>6037</u> |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Norfolk Va.
(State or country)

| | |
|--------|---|
| FATHER | 13. NAME <u>Joseph Womack</u> |
| | 14. BIRTHPLACE (city or town) <u>Norfolk Va</u> (State or country) |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME <u>Ells Payton</u> |
| | 16. BIRTHPLACE (city or town) <u>Norfolk Va.</u> (State or country) |

17. INFORMANT Husband
(Address) Same18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 10/2/3619. UNDERTAKER Bernard P. Delong
(Address) 818 Druid Hill Ave.

2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Oct 1, 1936I last saw her alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis

Date of onset

9-24-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Spinal Puncture Date of _____What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Francis D. Schweitzer, M. D.

(Address)

27745

F 27745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 N Calvert St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 81 yrs. 2 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 2601-N-Calvert St., 12 Ward. (If non-resident give city or town and State)If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed or divorced HUSBAND (or) WIFE of Lillie Q. Whitman6. DATE OF BIRTH (month, day, year) July-17-18557. AGE Years 81 Months 2 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Winthrop (State or country) Maine13. NAME Ezra B. Whitman14. BIRTHPLACE (city or town) Maine (State or country)15. MAIDEN NAME Hannah B. Simlair16. BIRTHPLACE (city or town) Winthrop (State or country) Maine17. INFORMANT Harry M. Smith (son-in-law) (Address) 3641-Cedarvale Rd.18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Oct-3-193619. UNDERTAKER Seaworth Mort Co. (Address) 108 W 22nd Ave.

2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 193622. I HEREBY CERTIFY. That I attended deceased from Sept. 25, 1936 to Oct. 1, 1936
I last saw him alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Sept 25/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Henry M. Bailey M. D.(Address) 2805 N. Calvert

27746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27746

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 E 32 nd st St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 203 E 32 nd st St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widowed |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Miller
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 th 1848

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 88 | 5 | 3 | |

| | | |
|------------|---|-----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Butler merchant |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 1884 |
| | 11. Total time (years) spent in this occupation | life |

12. BIRTHPLACE (city or town) Baltimore
(State or country)

| | | |
|--------|--|----------------|
| FATHER | 13. NAME | Henry F Miller |
| | 14. BIRTHPLACE (city or town) (State or country) | don't know |

| | | |
|--------|--|------------|
| MOTHER | 15. MAIDEN NAME | Don't know |
| | 16. BIRTHPLACE (city or town) (State or country) | Don't know |

17. INFORMANT R Walter Miller
(Address) 203 E 32 nd st

18. BURIAL, CREMATION, OR REMOVAL

Place Carraine Park Date Oct 3 1936

19. UNDERTAKER John Ullrich
(Address) 202 S Belair

20. DATE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30 th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 th 1936, to Sept 30 th 1936

I last saw him alive on Sept 30 th 1936. Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
arterio sclerosis
hypertension

Date of onset

Sept 25 1936

Sept 28 1936

Sept 29 1936

Other contributory causes of importance:

line lead pipe failure

Date of onset

Sept 30 1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd.

27747 HEALTH DEPARTMENT--CITY OF BALTIMORE

F 27747

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1946 Annapolis Rd 25 Ward)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1946 Annapolis Rd Ward. 25
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 92-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Golden

6. DATE OF BIRTH (month, day, year) Mar 16, 1880

7. AGE Years 56 Months 6 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement work
10. Date deceased last worked at this occupation (month and year) 1916 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Golden

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Annie Curran

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margaret Golden
Address 1946 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct 5, 1936

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans

20. FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936 to Oct 1, 1936

I last saw him alive on Oct 1, 1936 at 5:30 p.m. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 1917

Other contributory causes of importance: Valvular Heart Disease 9 days

Was an operation performed? no Date of no

For what disease or injury? no

What test confirmed diagnosis? heart test Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury no

Signature of Injury no

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) R. O. Ullrich M. D.

(Address) 2708 15th St. N. W. Wash. D. C.

27748

27748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore Gen Hosp 210 - M* Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. _____ St. *14 - 2* Ward) _____
 Length of residence in city or town where death occurred yrs. *14 1/2* mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.
 2. FULL NAME *Louise Richardson*
 (a) Residence: No. *557* *Mashum St.* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *ms* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *1908*

7. AGE Years *36* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. *Amur Co*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Essex Co Va*
 (State or country) _____

13. NAME *Alexander Richardson*

14. BIRTHPLACE (city or town) *Essex Co - Va*
 (State or country) _____

15. NAME *John Blackman*

16. BIRTHPLACE (city or town) *Essex Co Va*
 (State or country) _____

17. INFORMANT *L. Richardson*
 (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place *St. Calvary* Date *10/3* 19 *34*

19. UNDERTAKER *Wm. J. Jackson*
 (Address) *916 E. Remond*

20. REGISTRAR *St. James W. Williams*
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9-30-36* 19 *36*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.
 (Inquest, Autopsy or Inquiry)
 The principal cause of death and related causes of importance were as follows:

Spic Dislocation
Left foot
Cubal Edema

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: *9-26-36*

Accident, suicide, or homicide *yes* Date of injury _____

Where did injury occur *South Hamilton St*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public*

Manner of injury *Struck by Auto while*

Nature of injury *Crossing street*

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Signature *Hubert M. D.*

(Address) *907 N. Charles St*

P 26 1936

F 27749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Oakley Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Richard C. Mee M.D.(a) Residence: No. 3027 Oakley Ave

St.

Ward. 27

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Am. Jamison Mee6. DATE OF BIRTH (month, day, year) Dec 13, 417. AGE Years 94 Months 9 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) (State or country) Hampstead Md.FATHER 13. NAME Dr Thomas H Mee 14. BIRTHPLACE (city or town) (State or country) Emmitsburg MdMOTHER 15. MAIDEN NAME Julia La Matte 16. BIRTHPLACE (city or town) (State or country) Hampstead Md.17. INFORMANT Daughter (Address) 3027 Oakley Ave18. BURIAL, CREMATION, OR REMOVAL St. Johns Cem. Place Metropolitan Md Date Oct 3 192619. UNDERTAKER C. Vernon Lemon (Address) 4611 Park Heights Ave

2. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 193622. I HEREBY CERTIFY. That I attended deceased from Apr 15-17 1936 to Oct 1st 1936I last saw him alive on Oct 1st 1936 Death is said to have occurred on the date stated above, at 630 A.M.

The principal cause of death and related causes of importance were as follows:

Senility. 1 from G. to .. Date of onset 10 days

Other contributory causes of importance:

Name of operation: _____ Date of: _____

What test confirmed diagnosis? Chorea Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 129. Lullish M. D.(Address) 3615 Fair Rd. Box 101

27750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27750

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Meyers Hospital

CITY OF BALTIMORE: (No. _____)

St. 16-10 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 6 mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

William Lancaster

If U.S. Veteran specify WAR

(a) Residence: No. 3303 E. Balto St.

(Usual place of abode)

Ward. Waterbury Conn. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mrs. Jennie P. Lancaster

6. DATE OF BIRTH (month, day, year)

Sept 11 1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Sept 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Conn.

FATHER

13. NAME

Thomas Lancaster

14. BIRTHPLACE (city or town) (State or country)

Heathland

MOTHER

15. MAIDEN NAME

Jone Anderson

16. BIRTHPLACE (city or town) (State or country)

N. Y.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Waterbury Conn Date Oct 3 1936

19. UNDERTAKER

Geo W Little

(Address) 27006 Edmondson Ave

2 FIL 1936

Huntington Williams, M.D.
P. A. N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936 to Oct 1st, 1936

I last saw him live on Oct 1st, 1936 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis?

Date of onset

Oct 1st

Other contributory causes of importance:

Hypertensive C.V. disease

30

Was an operation performed?

Yes

Date of

Sept 23, 1936

For what disease or injury?

Hypertensive disease

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry F. Kane M. D.

(Address)

Meyers Hosp.

F 27751

27751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital) 17-6 (Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Edward A. Hamilton, Jr.(a) Residence: No. 16 West 24th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of *****
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 9, 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 3 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Edward A. Hamilton14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Alice Perry16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Edw. A. Hamilton.
(Address) 16 W. 24th. St.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date 10/3/3619. UNDERTAKER Bloomer & Son
(Address) 805 N. Calvert St.

20. FILED

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held as my thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by autopsy and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coma

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 27752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1932 Edmondson Ave St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *84 86*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *North Vt*13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *E. T. Thrift* (Address) *Wiltage*

18. BURIAL, CREMATION, OR REMOVAL

Place *in cemetery* Date *Oct 2* 193619. UNDERTAKEN *E. T. Thrift* (Address) *Wiltage*

20. 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 2* 193622. I HEREBY CERTIFY, That I attended deceased from *Sept 20* 1936 to *Oct 2* 1936I last saw him alive on *Oct 2* 1936 Death is said to have occurred on the date stated above, at *3 PM* m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis

Date of onset

Other contributory causes of importance:

*Myocarditis*Name of operation *None*Date of *No*What test confirmed diagnosis? *Ex.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? *No injury* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William Hollister* M. D. (Address) *Franklin Square Hospital*

OCCUPATION is very important. See instructions on back of certificate.

F 27753

27753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Forrest St. St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Luigia MontaltoIf U. S. Veteran specify WAR No Record(a) Residence: No. 433 Forrest St. St., 5-2 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Antonio Montalto
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 18 18637. AGE Years 72 Months 11 Days 14 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home10. Date deceased last worked at this occupation (month and year) 10/2/36 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Nicola Ritalfo14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Marie De Pasquale16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT S. R. Mancuso
(Address) 433 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Placed Holy Redeemer Date Oct 5th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Washington Heights

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereof and from the evidence (Impet. Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Chamber

(Address)

1919 E. North Ave.

M. D.

Coroner

1936

OCCUPATION is very important. See instructions on back of certificate.

27754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Windsor Mill Rd - 3rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eliza Galvin

If U. S. Veteran specify WAR

No Record

(a) Residence: No. 5301 Windsor Mill Rd - 3rd Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John Galvin (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct, 30, 1849

7. AGE 86 Years 11 Months 4 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S. S. Co. Md. (State or country)

13. NAME Thomas Whitehead

14. BIRTHPLACE (city or town) S. S. Co. Md. (State or country)

15. MAIDEN NAME Luriza unknown

16. BIRTHPLACE (city or town) S. S. Co. Md. (State or country)

17. INFORMANT Clara E. Simmons

(Address) 5301 Windsor Mill Rd

18. BURIAL, CREMATION OR REBURY

Place Laurel Md Date Oct 30, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. YEAR 1936

Huntington, Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial valvular heart lesion

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. M. D.

(Address) 1210 N Ave

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

27755

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27755

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

H. U. S. Veterans

specify WAR

2. FULL NAME

(a) Residence: No. 13047 S. Clinton St., 76-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Herman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 17, 18737. AGE Years 63 Months 8 Days 25 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 10/1/36 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Berlin
(State or country) Germany13. NAME Kuhn14. BIRTHPLACE (city or town) Berlin
(State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Berlin
(State or country) Germany17. INFORMANT George K. Kuhn
(Address) 13047 S. Clinton18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 5th 193619. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.
Washington, D. C.

3. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came in death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

Was an operation performed? no Date of noFor what disease or injury? no Date of noName of operation noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no 1936Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no
(Signed) Wm. M. Wright M. D.
(Address) 10105, Elwood Ave Coroner

F 27756

F 27756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 W. Mulberry st. S. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME

William Randall

If U. S. Veteran

specify WAR.....

(a) Residence: No. 1611 W. Mulberry st. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of Annie Randall (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2nd 1875

7. AGE Years 61 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl. Const. Wk. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annierandal Co. (State or country) Md.

13. NAME William Randall 14. BIRTHPLACE (city or town) A.A. Co. (State or country) Md.

15. MAIDEN NAME Sarah ? 16. BIRTHPLACE (city or town) A.A. Co. Md. (State or country)

17. INFORMANT Mrs. Annie Randall (Wife) (Address) 1611 W. Mulberry st.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 4, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 E. Lexington St.

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30th, 1936

22. I HEREBY CERTIFY. That I attended deceased from July 1st, 1936 to Sept. 30th, 1936

I last saw him alive on Sept. 30th, 1936 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac decomp.

Date of onset July 1st.

Ch. Neph. (Parenchym.)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1611 W. Franklin st

✓ F 27757

27757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hospital for Women of Maryland* Ward) *159*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Nancy Katherine Young*(a) Residence: No. *827 Fajlow Road* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single.*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *October 2, 1936*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Stomus Hospital*
(State or country) *Balto. Md.*13. NAME *Dr. Henry J. Young*14. BIRTHPLACE (city or town) *New York*
(State or country)15. MAIDEN NAME *Katherine Meyer*16. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)17. INFORMANT *Dr. H. J. Young*
(Address) *327 Fajlow Road*18. BURIAL, CREMATION, OR REMOVAL
Place *Fondren Park* Date *Oct. 3, 1936*19. UNDERTAKER *John D. Mitchell & Sons*
(Address) *1900 Eutan Place*

3 FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 2, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*October 2, 1936, to October 2, 1936.*I last saw her alive on *Oct. 2, 1936* Death is said
to have occurred on the date stated above, at *7:45 P.m.*The principal cause of death and related causes of
importance were as follows:*Prematurity*Date of onset
Oct. 2, 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. Franklin M. Gault* M. D.(Address) *1320 Bolton St.*

27758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen S. Lawson

If U. S. Veteran

Specify WAR

(a) Residence: No.

Morris Ave. Stearns Bldg.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 21 - 1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

4

7

8

11

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Balti.
Md.

FATHER

13. NAME

Arthur Lawson

14. BIRTHPLACE (city or town)
(State or country)

Balti.
Md.

MOTHER

15. MAIDEN NAME

Mabeline Wood

16. BIRTHPLACE (city or town)
(State or country)

Lavel
Md.

17. INFORMANT

(Address)

Arthur Lawson
Morris Ave. Stearns Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn Date Oct 5, 1936

19. UNDERTAKER

(Address)

Sally J. Zellerbach
1708 S. M. Bldg.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *Inquiry* thereon and from the evidence
(Inquest, Autopsy, or Inquiry)

obtained by said *Inquiry* find that said deceased came
(Inquest, Autopsy, or Inquiry)

death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

*Broncho-pneumonia
(Pneumonia)*

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) *Paul Schenker* M. D.(Address) *1918 E. North ave* Coroner

7759 1268-9

✓ F 27759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Milliman St. St., 7-5 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1620 Milliman St. St., 7-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Flossie Reynolds
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18797. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME George Reynolds14. BIRTHPLACE (city or town) Balto.
(State or country) Md.15. MAIDEN NAME Rebecca Wilkins16. BIRTHPLACE (city or town) Middle River
(State or country) Md.17. INFORMANT Mary Pinkney
(Address) 1620 Milliman St.18. BURIAL, CREMATION, OR REMOVAL
Place McLary Cemetery 10-3-193619. UNDERTAKER Burton M. Smith
(Address) 218 McElderry St.20. H. E. Foster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) Paul Schenker M. D.(Address) 1919 E. North Ave Coroner

1936

See instructions on back of certificate. OCCUPATION is very important.

27760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16585

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Charles Lettau

If U.S. Veteran

specify WAR

(a) Residence: No. 2029 Maisel St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Clara Lettau (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-30-1867 1873

7. AGE Years 63 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John August Lettau

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place of burial Date 10/5/36

19. UNDERTAKER (Address)

3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-22 1936 to 10-2 1936

I last saw him alive on 10-2 1936 Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

10-1-36

Other contributory causes of importance:

Cerebral Hemorrhage

Aug 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Searney M.D.

(Address) Baltimore City Hospital

27761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *22-1* Ward)Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Gloria Hopkins(a) Residence: No. *610 S. Charles St.* St., *22-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Child*6. DATE OF BIRTH (month, day, year) *Sept 15, 1934*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Child*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto*
(State or country) *md*13. NAME *Hosie Hopkins*14. BIRTHPLACE (city or town) *Miss*
(State or country)15. MAIDEN NAME *Anna Smith*16. BIRTHPLACE (city or town) *md*
(State or country)17. INFORMANT *Anna Hopkins*(Address) *610 S Charles*

18. BURIAL, CREMATION, OR REMOVAL

Place *McAulm* Date *10/3/34*19. UNDERTAKER *Isaiah L Brown*(Address) *108 W Montgomery St*

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 24, 1934* to *Oct 2, 1934*I last saw her alive on *Oct 2, 1934*. Death is said to have occurred on the date stated above, at *1:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

*Diarrhea**Bronchopneumonia*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *clinical* (Was there an autopsy? *No*)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Paul S. H. H. H.* M. D.(Address) *University Hospital*

27762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27762

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 S. Carey St., 31-3 Ward)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Waibel

(a) Residence: No. 1300 S. Carey St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William Waibel</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 13, 1878</u> | | |
| 7. AGE | Years <u>58</u> | Months <u>0</u> |
| | Days <u>18</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Jacob Hager

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Waibel
(Address) 1300 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Burial Date Oct 5, 1936

19. UNDERTAKER Mr. Mrs. John W. Trefel
(Address) 801 W. Fayette St.

FILED
3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Oct 1 1936

I last saw her alive on Oct 1 1936. Death is said to have occurred on the date stated above, at 12:30 Noon.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease
congestive heart failure

Date of onset

Other contributory causes of importance:

generalized arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James J. Glass M.D.

Address: 76 W. ...

9668

✓ F 27763

27763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-18 Ward) 34-820

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Lucian Robinson(a) Residence: No. 3405 Paton Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, year) 12-14-18997. AGE Years 36 Months 9 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GROOM9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) D. C. (State or country)13. NAME ?14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME Matilda Robinson16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. C. C. Cemetery Date Oct 31 193619. UNDERTAKER Archibald A. Gladis (Address) 2101 W. E. Calver St.

20. FILED

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1- 193622. I HEREBY CERTIFY, That I attended deceased from 10-2 1935 to 10-1 1936I last saw him alive on 10-1 1936 Death is said to have occurred on the date stated above, at 6:50 P.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage & left hemiplegia

Date of onset

1 yr.

Other contributory causes of importance:

Pneumonia2 daysWas an operation performed? yes Date of 9-29-36For what disease or injury? Exploratory laparotomysigns & symptoms of acute abdomenWhat test confirmed diagnosis? autopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

W. A. Horner M. D. Balt City Hospital

27764

HEALTH DEPARTMENT—CITY OF BALTIMORE

27764

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Mary St., 5-1 Ward)Length of residence in city or town where death occurred yrs. 40 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1404 Mary

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson6. DATE OF BIRTH (month, day, year) 18947. AGE Years 42 Months - Days - If LESS than 1 day, hrs. - or min. -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 10. Date deceased last worked at this occupation (month and year) Oct 3, 1936 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Va (State or country)13. NAME William Jackson14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Helen Madden16. BIRTHPLACE (city or town) unk (State or country)17. INFORMANT Annie Johnson (Address) 1404 Mary St

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary Ch Date Oct 5th 193619. UNDERTAKER Calvin Wilson (Address) 1000 Spangler St

20. FILED

OCT 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Oct 3, 1936Other contributory causes of importance: unkWas an operation performed? no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1936Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) George P. Allen(Address) 507 European St.

Coroner

M. D.

27765-9

✓ E 27765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Serial Hill ave. St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? 4 yrs. 11 mos. 23 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 705 Serial Hill ave. St. 11 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "6. DATE OF BIRTH (month, day, year) Aug. 16 19127. AGE 24 Years 1 Months 16 Days If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mistress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation "12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Walter Wilkins14. BIRTHPLACE (city or town) Baltimore (State or country) MD.15. MAIDEN NAME Ethel Carlish16. BIRTHPLACE (city or town) Baltimore (State or country) MD.17. INFORMANT Ethel Wilkins (Address) 705 Serial Hill ave.18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Place 10/5 Date 36 1919. UNDERTAKER Wm. D. Jackson (Address) 916 E. E. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Bronchitis

Other contributory causes of importance:

Was an operation performed? no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: noAccident, suicide, or homicide? no Date of injury no 1936Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify noSigned) Wm. D. Jackson M. D.(Address) 1215 N. Ave. 112

Coroner

Registrar

OCCUPATION is very important. See instructions on back of certificate.

T 3 1936

F 27766

✓ F 27766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Washington St. Ward 7-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 66 mos. 66 ds. How long in U. S. If of foreign birth? 66 yrs. 66 mos. 66 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 821 N. Washington St. Ward 7-5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Brach6. DATE OF BIRTH (month, day, year) March 24, 18657. AGE Years 71 Months 6 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police
10. Date deceased last worked at this occupation (month and year) March 24, 1935
11. Total time (years) spent in this occupation 3612. BIRTHPLACE (city or town) (State or country) Bohemia13. NAME Joseph Brach14. BIRTHPLACE (city or town) (State or country) Bohemia15. MAIDEN NAME Anna Beyruda16. BIRTHPLACE (city or town) (State or country) Bohemia17. INFORMANT James Brach
(Address) 821 N. Washington St.18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 5, 193619. UNDERTAKER Frank Brach son
(Address) 1916 Calver Ave20. Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936 to Oct 1, 1936I last saw him alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio Vascular Renal Disease ?

Other contributory causes of importance:

Cardiac Decompensation 3 weeksWas an operation performed? no Date of ✓For what disease or injury? ✓ Date of ✓Name of operation ✓What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Joseph Pokorny M. D.(Address) 2200 E. Madison St.

3 1936

27767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Living Street St. 46 Ward)Length of residence in city or town where death occurred 81 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? 81 yrs. 1 mos. 18 ds.

2. FULL NAME

(a) Residence: No. 2522 N. Lafayette St. Ward. 5
(Usual place of abode) (If non-resident give city or town and State)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow6a. If married, widowed, or divorced
HUSBAND of George Lepson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 14 - 18557. AGE Years 81 Months 1 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME John Mc. Nasby14. BIRTHPLACE (city or town) Scotland (State or country)15. MAIDEN NAME Sabella Doone16. BIRTHPLACE (city or town) Galveston (State or country)17. INFORMANT Mrs Harry Weigman (Address) 2522 N. Lafayette St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 5 193619. UNDERTAKER Vernon Kehrner (Address) 230 E. Madison Ave20. YEAR 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 - 36, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry)and that said deceased came death on the day stated above, 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Thos. H. Phillip M. D.
Coroner(Address) 1939 E. Madison Ave

27768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27768

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S. Paca St. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John T. Ardecker

If U. S. Veteran

specify WAR

(a) Residence: No.

907 S. Paca St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Late Lula Ardecker (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1873.

7. AGE 63 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Ardecker

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Ruth Ardecker (Address) 907 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet, Frederick, Md. Oct. 5, 1936

19. UNDERTAKER Harry F. Ritzke (Address) 4101 Edmondson Ave.

20. HUSBAND 19 21. REGISTRAR Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to 10/1, 1936

Last saw him alive on 10/1, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure

Date of onset

10/1

Other contributory causes of importance:

Pulmonary Tuberculosis

1/10/33

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Physical as there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Joseph B. Laukaitis, M.D. 679 Washington Blvd.

1 E 130

N. D. H. 1268-9
27769

✓ E 27769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *518 E. Cager* St., *10-1* Ward)

Length of residence in city or town where death occurred *20* yrs. *3* mos. *7* ds. How long in U. S. If of foreign birth? *20* yrs. *3* mos. *7* ds.

2. FULL NAME

(a) Residence: No. *518 E. Cager* St., *10-1* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Service

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John M. C. Anally*

6. DATE OF BIRTH (month, day, year) *August 15, 1856*

7. AGE Years *80* Months *1* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Scotland*

13. NAME *Peter Short*

14. BIRTHPLACE (city or town) (State or country) *Ireland*

15. MAIDEN NAME *Katherine M. C. Anally*

16. BIRTHPLACE (city or town) (State or country) *Ireland*

17. INFORMANT *Mrs. Katherine Truibel* (Address) *132 Mosher Street*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Catharine's Church* Date *Oct 4/1936*

19. UNDERTAKER *Stewart & Morgan Co* (Address) *108 W. North Avenue*

20. REGISTRAR *Stuart & Morgan Co* (Address) *108 W. North Avenue*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/12/36*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

intercurrent myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed *Ervin B. Wallace* M. D.

(Address) *1031 St. Paul St.*

F 3 LED 1936

F 27771

27771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 N Dallas St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence (Mannie) where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Mary O. Stanley Lane

(a) Residence: No.

935 N Dallas

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

C

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

Ernest Lane

6. DATE OF BIRTH (month, day, year)

May 27, 1894

7. AGE

Years

Months

Day

If LESS than
1 day, hrs.
or min.

42

4

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Cambridge Md

FATHER

13. NAME

Caleb Stanley

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Emma Smith

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Ernest Lane (Husband)
935 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Vernon Cem Date Oct 31, 1936

19. UNDERTAKER

(Address)

J. B. P. Ellis - daughter.
1234 Caroline St.

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936 to Sept 30, 1936

I last saw him alive on Sept 30, 1936. Death is said to have occurred on the date stated above, at 13:00 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency 4x5

Date of onset

3 mos.

Other contributory causes of importance:

General Anemia 100%
Hypertension and enlarged heart 125%

3 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

none

Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. J. Hanning
1429 E. Monument St

M. D.

27772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27772

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward *7-4*)Registered No. *77a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1727 E. Eager St.* St. *7* Ward. *4*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 17, 1934*7. AGE Years *2* Months *7* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt.* (State or country) *MD.*13. NAME *Lizabeth Blume*14. BIRTHPLACE (city or town) *Windsor* (State or country) *VA.*15. MAIDEN NAME *Edith Wilson*16. BIRTHPLACE (city or town) *?* (State or country)17. INFORMANT *Edith Blume* (Address) *1727 E. Eager St.*

18. BURIAL, CREMATION, OR REMOVAL

*Buried in Suffolk Va. Date 2-24-34*19. UNDERTAKER (Address) *1727 E. Eager St.*20. REGISTRAR *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 1, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Exhumation* thereon and from the evidence obtained by said *Exhumation* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Lead Encephalitis**(ate paint off furniture)*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Chamber* Coroner(Address) *1919 E. North Ave.*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

3 1936

27773

F 27773

HEALTH DEPARTMENT—CITY OF BALTIMORE

319202

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Frank Duckett(a) Residence: No. 402 Taylor Ave.

St.,

Ward. Batonsville Md

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Black</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Alice</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>2</u> <u>1857</u> <u>1-1-57</u> | | |
| 7. AGE Years <u>79</u> | Months _____ | Days _____ If LESS than 1 day, hrs. _____ or min. _____ |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Butler</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

12. BIRTHPLACE (city or town) Md.
(State or country)FATHER 13. NAME Frank Duckett14. BIRTHPLACE (city or town) Md.
(State or country)MOTHER 15. MAIDEN NAME Elizabeth ?16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date 9-4-193619. UNDERTAKER Mrs. Geo. H. Holliday
(Address) 68 Dr. H. Holliday

3 FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-30, 193622. I HEREBY CERTIFY, That I attended deceased from Sept-28, 1936, to Sept-30, 1936I last saw him alive on Sept-30, 1936. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Myocardial failure
Pulmonary edema

Date of onset

3Dec. 1935Sept. 28, 1936

Other contributory causes of importance:

Hydrothorax, rightWas an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frederick C. Weber Jr. M. D.(Address) Johns Hopkins Hospital

F 27774

B127774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-1 Ward)

Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph Emerson

(a) Residence: No. 1120 Whitelock

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Bessie

6. DATE OF BIRTH (month, day, year)

2-11-1889

7. AGE

Years 47

Months 7

Days 19

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Butler

0070

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

Samuel Emerson

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Mary Louis

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1936, to Sept 30, 1936.

I last saw him alive on Sept 30, 1936. Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

Peritonitis cause undetermined

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes

Date of 9-30-36

For what disease or injury? Exploratory

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wesley M. Kelsey, M. D.

(Address)

Johns Hopkins Hospital

F 27775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mamie Hill

(a) Residence: No. _____

Center St

St. _____

Ward. _____

Turner Station

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

black

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Edward

7. DATE OF BIRTH (month, day, year)

Jan 1887

8. AGE

49

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

John Mitchell

14. BIRTHPLACE (city or town) (State or country)

N.C.

MOTHER

15. MAIDEN NAME

Rosa Barnett

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Arboretum

Date

9-3

19. UNDERTAKER

(Address)

Mrs. Geo. H. Hollander

311 S. Broadway

3

1936

Huntington Halligan, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 30 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28

1936 to

Sept 30

1936

I last saw him alive on Sept 30 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation
Myomata uteri
Hydrothorax, right

Date of onset

Sept 1935

1916

Aug 1936

Other contributory causes of importance:

Was an operation performed?

no

Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify _____

(Signed)

Henry F. Bennett Jr

(Address)

Hopkins Hospital

M. D.

27776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27776

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W. North Ave 43-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Esther Goldstein

If U. S. Veteran

specify WAR

(a) Residence: No.

1204 W. North Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Israel

5. DATE OF BIRTH (month, day, year)

1879

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

57

6

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Philip Swartz

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Sarah -

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Israel Goldstein
1204 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

The City of Baltimore City 4 1936

19. UNDERTAKER

(Address)

Sol. Lewinson & Sons
1126 W. North Ave

4 FILE

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 1, 1936

22. HEREBY CERTIFY That I attended deceased from

I last saw him alive on Oct 1, 1936 Death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Sishe's mictus
gangren of leg

Date of onset

1921

Sept 1/36

Other contributory causes of importance:

Was an operation performed?

Yes Date of Sept 7/36

For what disease or injury?

Amputation of leg

Name of operation

amputation of leg Date of Sept 7/36

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.
1910 E. N. Plow

27777

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27777

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Tiroly Ave. St., 9-6 Ward)Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? ds. yrs. mos. ds.

2. FULL NAME

Ella Wilson Carmour(a) Residence: No. 2720 Tiroly St., 9-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Y Carmour7. DATE OF BIRTH (month, day, year) Jul 26 '767. AGE Years 63 Months 2 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031
10. Date deceased last worked at this occupation (month and year) 0031
11. Total time (years) spent in this occupation 003112. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Thomas R. Hall14. BIRTHPLACE (city or town) Balto (State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) Balto (State or country)17. INFORMANT Mrs. Ella Carmour (Address) 2720 Tiroly Ave18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Oct 5, 193619. UNDERTAKER John A. C. Smith (Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 193622. I HEREBY CERTIFY, That I attended deceased from July 4 - 1936 to Oct 2 - 1936last saw her alive on Oct 2 - 1936 Death is said to have occurred on the date stated above, at 6 am

The principal cause of death and related causes of importance were as follows:

Hypertension
General arteriosclerosis
Cerebral hemorrhage
Other contributory causes of importance: Cerebral hemorrhage 1933
Left hemiplegia 1933Was an operation performed? none Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) George A. Barden M. D.(Address) 1517 E North Ave.FILED
OCT 4 1936

Registrar.

F 27778

F 27778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Bolton St. 11-4 Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine C. Lochary

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 1303 Bolton St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Mar. 10, 1869

7. AGE Years 67 Months 6 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2086

12. BIRTHPLACE (city or town) (State or country) Bel Air Maryland

13. NAME John Lochary 14. BIRTHPLACE (city or town) (State or country) Bel Air Maryland

15. MAIDEN NAME Mary Wilson 16. BIRTHPLACE (city or town) (State or country) Bel Air Maryland

17. INFORMANT Miss Cassie A. Lochary (Address) Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Ignatius Cem. Date 10/5 1936

19. UNDERTAKER Henry U. Mearns (Address) 805 N. Calvert St.

20. FILED 1936 11/11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Oct 2, 1936

I last saw her alive on Oct 2, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10/2/36

Chronic interstitial Nephritis 2 years

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 817 N. Calvert St.

M. D. F 27779

F 27779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 6-4* St. *6-4* Ward)Registered No. *186-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *416 N. Wolfe*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *X*6. DATE OF BIRTH (month, day, year) *March 23/1914*7. AGE Years *22* Months *6* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Skilled laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pile Driver*10. Date deceased last worked at this occupation (month and year) *Oct 1936* 11. Total time (years) spent in this occupation *0*12. BIRTHPLACE (city or town) (State or country) *Biloxi Mississippi*13. NAME *William*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *John Ochowski*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *James Bystry* (Address) *416 N. Wolfe St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Rosary Church* Date *Oct 5, 1936*19. UNDERTAKER *John M. Weber* (Address) *401 S. Calver St.*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 1, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull & cerebral laceration

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *Oct 1, 1936*Where did injury occur? *Poland* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Industry on a machine in the home*Manner of injury *Fell off pile driver*Nature of injury *Fractured skull*

24. Was disease or injury in any way related to occupation of deceased?

yes. If so, specify *yes*(Signed) *James Bystry* M. D.(Address) *1010 S. Calver St.*

Coroner

27780

F 27780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore* Ward *3*)Registered No. *1395*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *1* mo. *23* ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

Hazel Webster

If U. S. Veteran

specify WAR

(a) Residence: No.

4406 Arabia Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Hutchinson L. Webster*

6. DATE OF BIRTH (month, day, year)

Aug 9, 1910

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*26**1**23*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*at home*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Balt. Md*

13. NAME

*Harry S. Miller*14. BIRTHPLACE (city or town)
(State or country)*Balt. Md*

15. MAIDEN NAME

*Lottie D. Miller*16. BIRTHPLACE (city or town)
(State or country)*Balt. Md*

17. INFORMANT

(Address)

Hutchinson L. Webster
4406 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Cardinal *Oct 6, 1936*
A. G. Brown & Sons
1400 N. Charles St

20. FILED

12

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-2-36*, 19

22. I HEREBY CERTIFY, That I attended deceased from

10-1-36, 19, to *10-2-36*, 19I last saw her alive on *10-2-36*, 19. Death is saidto have occurred on the date stated above, at *8:15 P.m.*The principal cause of death and related causes of
importance were as follows:*Postoperative pulmonary
embolism*

Date of onset

Other contributory causes of importance:

Was an operation performed? *yes* Date of *9-8-36*

For what disease or injury?

Name of operation *Removal of chronic adhesion 9-8-36*
Removal of ovary Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

James S. Webb
1213 Light St

M. D.

F 27781 HEALTH DEPARTMENT - CITY OF BALTIMORE F 27781

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Hauser St. 2-2-7 Ward)

Length of residence in city or town where death occurred 20 yrs. + 1 mos. + 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 529 Hauser St., _____ Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
 HUSBAND of Viola Tubman
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug-14-1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|--|
| | <u>45</u> | <u>1</u> | <u>16</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cong's kmen
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam ships
 10. Date deceased last worked at this occupation (month, day, year) 8/18/36
 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) Cambridge
 (State or country) Maryland

13. NAME Rias E. Elliott

14. BIRTHPLACE (city or town) Cambridge
 (State or country) Maryland

15. MAIDEN NAME Tubman

16. BIRTHPLACE (city or town) Cambridge
 (State or country) Maryland

17. INFORMANT Viola Tubman
 (Address) 529 Hauser

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Calary Int. Date Oct 4, 1936

19. UNDERTAKER Walter B. Spriggs
 (Address) 1324 N. Broadway St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936 to Sept 30, 1936

I last saw him alive on Sept 30, 1936 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

acute tubercular pneumonia
12 days

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Daniel J. Sauer, M. D.

(Address) 122 W. Lee

27782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N. Central Ave - 4 Ward)

Length of residence in city or town where death occurred: High mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran No Record specify WAR

2. FULL NAME

(a) Residence: No. Nathan Bright 1037 N. Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Annie E. Bright

6. DATE OF BIRTH (month, day, year) Nov 14 1876

7. AGE Years 59 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber - Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Wm V. Bright

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Laura V. Coleman

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Annie E. Bright

(Address) 1037 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Balto Date Oct 5 1936

19. UNDERTAKER Wm Cook 1217 St Paul St

20. FILED 14 1300

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936, to Oct 1 1936

I last saw him alive on Oct 1 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows: Coronary thrombosis

Other contributory causes of importance: Ch. nephritis

Was an operation performed? No Date of

For what disease or injury? Name of operation: Physian

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. H. Gormstein M. D.

(Address) 733 August St

F 27783

F 27783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Ellerslie Ave. St., 9-4 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3000 Ellerslie Ave St., 9-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Nellie E. Bull
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 3, 18927. AGE Years 44 Months 5 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Contractor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107410. Date deceased last worked at this occupation (month and year) Oct 26, 1936 11. Total time (years) spent in this occupation 20 1/212. BIRTHPLACE (city or town) Balto. (State or country) MD.13. NAME Harry Bull14. BIRTHPLACE (city or town) Balto. (State or country) MD.15. MAIDEN NAME Anna D. Egerlauer16. BIRTHPLACE (city or town) Peima. (State or country)17. INFORMANT Anna D. Bull
(Address) 3000 Ellerslie Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore City Date Oct 5, 193619. UNDERTAKER William Book
(Address) 1215 N. Paul Street20. FILED 1000 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of itWhat test confirmed diagnosis? Clinical Was there an autopsy it

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul M. H. M. D.(Address) 1918 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 27784

F 27784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital
Baltimore Md.

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 27-17

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Winona Sawyer

(a) Residence: No. 2706 Belvedere Ave. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced

(or) WIFE of

Walter Sawyer

6. DATE OF BIRTH (month, day, year)

July 28 1859

7. AGE

77

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

N. St.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Martinburg Md.

FATHER

13. NAME

Harry Wallcott

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Virginia Miller

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Mrs. F. M. Carver

(Address)

2706 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Hospital Date Oct 5 1936

19. UNDERTAKER

William Cook

(Address)

St. Paul & Preston St

20. FILED

1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10/2/1936

22. I HEREBY CERTIFY, That I attended deceased from

9/24/1936 to 10/2/1936

I last saw her alive on 10/2/1936 Death is said to have occurred on the date stated above, at 5:55 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus (body)
Terminal broncho pneumonia

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis
Arteriosclerotic myocarditis

Name of operation

Supra-umbilical hysterectomy Date of 9/25/36

What test confirmed diagnosis? Pathology Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

D. J. Battaglia, M. D.

(Address)

Franklin Square Hospital

Fayell + Patterson, Md.

OCCUPATION is very important. See instructions on back of certificate.

F 27785

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27785

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1035 St. Paul St* St. *11-2* Ward)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Marion Lucy Oliver(a) Residence: No. *Washington Apts.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 22, 1881*7. AGE Years *55* Months *7* Days *11* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Albany N.Y.*
(State or country)13. NAME *Gen. Rob. Shaw Oliver*14. BIRTHPLACE (city or town) *Boston Mass.*
(State or country)15. MAIDEN NAME *Marion Balhorne*16. BIRTHPLACE (city or town) *Albany N.Y.*
(State or country)17. INFORMANT *John Balhorne Oliver*
(Address) *Wash. Apts.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Oct 5* 193619. UNDERTAKER *Thurston N. Eukens, Inc.*
(Address) *1001 E. Lombard St.*

20. FILED

Thurston N. Eukens, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/5, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (inquest, Autopsy or Inquiry)

obtained by said _____ and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Oliver B. Balhorne*

M. D.

(Address) *1031 St. Paul St.*

OCCUPATION is very important. See instructions on back of certificate.

4 1936

F 27786

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27786

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. *West Baltimore General Hospital* Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Harvey S. Cale

(a) RESIDENCE NO.

1138 S. Bonsal

St.,

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. *6* mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 Color or Race *white* 5 Single, Married, Widowed or Divorced, (write the word) *married*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Sarah Golden*

6 DATE OF BIRTH (month, day, and year)

Nov 9, 1899

7 AGE

Years

Months

Days

IF LESS than
1 day hrs.
or min.*36**10**24*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Albright

(State or country)

W. Va.

10 NAME OF FATHER

Charles W. Cale

11 BIRTHPLACE OF FATHER (city or town)

Albright

(State or country)

W. Va.

12 MAIDEN NAME OF MOTHER

Margaret Raderfanger

13 BIRTHPLACE OF MOTHER (city or town)

Albright

(State or country)

W. Va.

14

Informant
(Address)*Sarah Cale*
1138 S. Bonsal St

15 FILED

19

St. F. Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Oct 3 1936*

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, au-

topsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Meningitis.
Probably tubercular form
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)*Influenza + pneumonia*
(duration) yrs. mos. ds.18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

O. H. H. M. D.

19

(Address) *12157 Huron*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Inter Alta W. Va.

DATE OF BURIAL

Oct 4 1936

20 UNDERTAKER

Harry H. Witzke

ADDRESS

1101 Edward

27787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead on arrival

CITY OF BALTIMORE: (No.

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Harry D. Moore

(a) Residence: No. 3019 Presbury St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ida Moore

6. DATE OF BIRTH (month, day, year) Dec. 29, 1869

7. AGE Years 66 Months 9 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk: Federal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housing Com.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME ----- Moore

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. H. D. Moore, (Address) 3019 Presbury St.

18. BURIAL, CREMATION, OR REMAINS Place Loudon Pk. Cem. Date Oct. 5, 1936

19. UNDERTAKER David Sandheim & Son (Address) 1902 Eutaw Place.

20. FILED

14 1936

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. M. D. Coroner (Address) 1215 Hanover St.

M. F. B. 27788

F 27788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Harlem Ave. 16-6) Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3010 Harlem Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Wagner

6. DATE OF BIRTH (month, day, year) Jan. 16 - 1858

7. AGE Years 78 Months 89 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Balto Ind (State or country)

15. MAIDEN NAME Sarah Clark

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Alice Jacob (Address) 3010 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Date 9/5/35

19. UNDERTAKER Josiah S. Soper (Address) 1600 W. North Ave.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Oct 2, 1935.

I last saw him alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

1935

Multiple Thrombosis

Sept 13 - Sept 30

1936

Other contributory causes of importance:

Arterio Sclerosis

1935

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

GWT Billup

M. D.

(Address)

2224 W. North

F 27789

F 27789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Darley Ave St. 9-8 Ward)Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1233 Darley Ave St. 9-8 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>May C. Hamke</u> (or WIFE of) | | |
| 6. DATE OF BIRTH (month, day, year) <u>March 17, 1855</u> | | |
| 7. AGE | Years <u>81</u> | Months <u>6</u> |
| | Days <u>15</u> | If LESS than 1 day, <u>hrs.</u> or <u>min.</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country) N. Y.13. NAME John Hamke14. BIRTHPLACE (city or town) (State or country) N. Y.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Flourie Block
(Address) 1233 Darley Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/10 '3619. UNDERTAKER Chas. C. Miller
(Address) 2733 75th St. - E. Oliver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Wheeler

(Address)

1919 E. North Ave.

M. D.

Coroner

FILE

1936

OCCUPATION is very important. See instructions on back of certificate.

27790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27790

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 E. Lafayette Ave 9-9) St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1236 E. Lafayette Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Roeder

6. DATE OF BIRTH (month, day, year) 2-28-1862

7. AGE Years 74 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mechanist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John F. Myers

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John Myers (Address) 1236 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 10/5 1936

19. UNDERTAKER Leonard J. Ruck (Address) 5305 Highland Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1936 to Oct 1 1936

I last saw him alive on Sep 4 1936. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset
9/6/36

Other contributory causes of importance:

arterio sclerosis + hypertension 1/2/30

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W. Sanderson M. D.

(Address) 1714 N. Caroline St.

T 4 1936

M. D. B. 1200

F 27791

F 27791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1712 Myram Falls Parkway*)Registered No. *93-c*death occurred in
hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred *76* yrs. *8* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Jane Scott(a) Residence: No. *1712 Myram Falls Parkway* Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced
HUSBAND of *Samuel Clarence Scott*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 17, 1860*7. AGE Years *76* Months *8* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *no* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *John Spencer Clarke*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Emily Jane Norville*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT *Mrs. Felix Bendann*
(Address) *1712 Myram Falls Parkway*18. BURIAL, CREMATION, OR REMOVAL
Place *Louisa Park* Date *Oct. 5* 19*36*19. UNDERTAKER *John D. Senny*
(Address) *715 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 2* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

May 15 19*33* to *October 2* 19*36*I last saw her alive on *October 2* 19*36* Death is said to have occurred on the date stated above at *3.30* m. P.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

*10-2**1936*

Other contributory causes of importance:

myocarditis Chronic 19*32**anemia*Name of operation *none* Date of *none*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify *no spec for this*(Signature) *James Graham Martin* M. D.(Address) *516 Cathedral Street*

OCT 5 1936

F 27792

F 27792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Sexton St. St. 25-3) Morrell Park

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds. U. S. Veteran specify WAR

2. FULL NAME Susie A. Williams

(a) Residence: No. 1711 Sexton St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Roger Williams

6. DATE OF BIRTH (month, day, year) Apr. 9, 1877

7. AGE Years 59 Months 5 Days 24. If LESS than 1 day..... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Stein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cornelia Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Doyle (Sister) (Address) York, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 7, 1936

19. UNDERTAKER John P. Demary (Address) 715 Light St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1936

22. I HEREBY CERTIFY That attended deceased from Sept 26, 1936 Oct 3, 1936

I last saw her alive on Oct 2, 1936. Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage 9/28/36

Other contributory causes of importance: Arterio-sclerosis

Was an operation performed? No Date of X

For what disease or injury? No

Name of operation Clitoral Date of No

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? No Date of injury X 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. H. Frank M. D.

(Address) 1340 Acheson St

27793

F 27793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46 - F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *542 N. Fulton Ave* *70-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. *5* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clara Watterscheidt

If U. S. Veteran

specify WAR

(a) Residence: No. *542 N. Fulton Ave* St., *70-1* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed or divorced

HUSBAND of
(or) WIFE of*Charles Watterscheidt*6. DATE OF BIRTH (month, day, year) *April 22/1873*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 *5* *12*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Ewald Watterscheidt*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Amelia Wagner*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)17. INFORMANT *Ewald Watterscheidt*
(Address) *542 N. Fulton Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Ave* Date *Oct 6* 19*36*19. UNDERTAKER *Chas. E. Frank*
(Address) *812 Madison Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 4 - 1936*22. HEREBY CERTIFY, That I attended deceased from *Sept 11* 19*35* to *Oct 4* 19*36*I last saw him alive on *Oct 3* 19*36* Death is saidto have occurred on the date stated above, at *104* a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas

Other contributory causes of importance:

Myocardial insufficiency

Date of onset

*1935**1936*Was an operation performed? *no* Date ofFor what disease or injury? *—*

Name of operation

What test confirmed diagnosis? *X ray* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Stellens F. Stellman* M. D.(Address) *6 Cox Biddle St*

FILED

10

REGISTERED

1936

F 27794

F 27794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital St. 4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. *1* mos. *16* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Madeline Gray*(a) Residence: No. *Port Tobacco, 110* St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 18, 1936*7. AGE Years Months Days If LESS than 1 day, ... hrs. or min.
8 *7* *15*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Port Tobacco*
(State or country) *Maryland*FATHER 13. NAME *Joseph Gray*
14. BIRTHPLACE (city or town) *Charles Co.*
(State or country) *md.*MOTHER 15. MAIDEN NAME *Madeline Simms*
16. BIRTHPLACE (city or town) *Charles Co.*
(State or country) *md.*17. INFORMANT *Joseph Gray*
(Address) *md.*18. BURIAL, CREMATION, OR REMOVAL
*St. Thomas Charles Co. Md. Oct 5, 1936*19. UNDERTAKER *Mrs. Kate R. Williams*
(Address) *322 N. Schroeder St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10. 3*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *8.17*, 19 *36*, to *10. 3*, 19 *36*I last saw her alive on *10. 3*, 19 *36* Death is said to have occurred on the date stated above, at *2:30 P.m.*

The principal cause of death and related causes of importance were as follows:

Acute gastro enteritis
(Summer diarrhea)

Date of onset

8.16.36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. L. Jackson* M. D.(Address) *600 N. Arlington*

F 27795

F 27795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 11 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME MR. DAVID HYSONIf U. S. Veteran
specify WAR.....(a) Residence: No. HAMPSTEAD, MD. St., Ward,
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED5a. If married, widowed, or divorced
HUSBAND of MRS. DAVID HYSON
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 20 18907. AGE Years Months Days If LESS than
77 7 18 14 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Stewartstown
(State or country) Penn.FATHER 13. NAME John Hyson14. BIRTHPLACE (city or town) Penn.
(State or country)MOTHER 15. MAIDEN NAME Margaret Miller16. BIRTHPLACE (city or town) Penn.
(State or country)17. INFORMANT Harry P. Hyson
(Address) Hampstead Md18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Md Date Oct 6 193619. UNDERTAKER Edward C. Griston
(Address) Hampstead Md20. FILED RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 193622. I HEREBY CERTIFY, That I attended deceased from
SEPT. 23, 1936 to OCTOBER 4, 1936.I last saw him alive on OCTOBER 4, 1936. Death is said to have occurred on the date stated above, at 4:55 AM.

The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE
TERMINAL PNEUMONIA

Other contributory causes of importance:

ARTERIO SCLEROSISWas an operation performed? ✓ Date of ✓For what disease or injury? ✓Name of operation..... Date of ✓What test confirmed diagnosis? LAD Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) E. C. Griston M. D.
(Address) Union Memorial Hospital

27798

HEALTH DEPARTMENT—CITY OF BALTIMORE 27786

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Washington St. 2-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 50 yrs. 5 mos. 0 ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME Schmid, Clara(a) Residence: No. 100 S. Washington St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widow6. DATE OF BIRTH (month, day, year) 18677. AGE 67 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Salomon Hecht14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Katzen16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Jack Lewis (Address)18. BURIAL, CREMATION, OR REMOVAL 10/5/3619. UNDERTAKER 1439 E. Baltimore St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 193622. I HEREBY CERTIFY. That I attended deceased from Oct 4, 1936, to Oct 4, 1936.I last saw him alive on Oct 4, 1936. Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension
Coronary thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Henry B. Makover M. D.(Address) 2218 E. Tow Place

FILED 1936

27797. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-CF 27797

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *18-1* Ward)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Joseph R. Butler*

(a) Residence: No. *909 W. Fayette* St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Wegro* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Butler*

6. DATE OF BIRTH (month, day, year) *Oct 10, 1863*

7. AGE Years *72* Months *11* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1868*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *Levis Butler*

14. BIRTHPLACE (city or town) (State or country) *Maryland*

15. MAIDEN NAME *Martha Lee*

16. BIRTHPLACE (city or town) (State or country) *Maryland*

17. INFORMANT *Leone Keene* (Address) *909 W. Fayette*

18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *Oct 6, 1936*

19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 S. Frederick St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 2, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 17, 1936* to *Oct. 1, 1936*

I last saw him alive on *Oct. 2, 1936* Death is said to have occurred on the date stated above, at *6:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon
Cerebral apoplexy
Bronchopneumonia

Date of onset
1935
9/30/36
10/1/36

Other contributory causes of importance:

Was an operation performed? *yes* Date of *Sept. 30, 1936*

For what disease or injury? *Carcinoma of colon*

What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. C. Brescoe* M. D.

(Address) *University Hospital*

CT 5 1936

27798

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27798

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N. Collington Ave. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1515 N. Collington Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female White Widow

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Julius Becker

6. DATE OF BIRTH (month, day, year) Apr. 23rd 1860

7. AGE Years 76 Months 5 Days 8 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Geo. F. Warmamann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Paul Becker (Address) 1515 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date 10/5/1936

19. UNDERTAKER E. J. Lanning & Son (Address) 38 E. Lafayette Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to Oct. 1, 1936

I last saw him alive on Oct. 1, 1936 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocardial Infarction 2 yrs

Other contributory causes of importance: Dropsy 4 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Cholecystectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. L. Valentin M. D.

(Address) 1630 Broadway

F 27799

F 27799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Men Hosp 12-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *1* yrs. *4* mos. *23* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2637* *Bernard St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 10/1935*7. AGE Years *1* Months *4* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto* (State or country) *md.*13. NAME *John F. Jacobs*14. BIRTHPLACE (city or town) *Washington* (State or country) *D.C.*15. MAIDEN NAME *Pearl Hannon*16. BIRTHPLACE (city or town) *md.* (State or country)17. INFORMANT *John F. Jacobs (Father)*(Address) *2637 Bernard St.*

18. BURIAL, CREMATION, OR REMOVAL

at Marple Baptist Church Date *Oct. 6/36*19. UNDERTAKER *Walter Davis*(Address) *3418 E. Howard Ave.*

FILED

1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) *10/3*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Sept 27*, 19*36*, to *Oct 3*, 19*36*.I last saw him alive on *Oct 3*, 19*36*. Death is said to have occurred on the date stated above, at *9 P.* m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia *10/1/36*
bilateral

Other contributory causes of importance:

Coronary *9/5/36*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Wm B. Smith* D.(Address) *Union Men Hosp*

F27800

F27800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

City Hospitals

CITY OF BALTIMORE: (No.)

St. 14-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

James B. Evans

(a) Residence: No.

1419 Eutan? (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1884

7. AGE

52

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc.

man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

1936

Registrar

MEDICAL CERTIFICATE OF DEATH 1,50 AM

21. DATE OF DEATH (month, day, year) 10-4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Lung

Other contributory causes of importance:

Inc. claustrum

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

27802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *10-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *716 N. Bay St.* St. *10-2* Ward. (Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 12 - 1860*7. AGE Years *76* Months *-* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lieut. Examina*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *RETIRED*
10. Date deceased last worked at this occupation (month and year) *Perma R. R.*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *W. Welch*
14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Sarah Allard*
16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Miss Alice Wamsley*
(Address) *716 N. Bay St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Greenmount Cem.* Date *Oct. 5, 1936*19. UNDERTAKER *George W. Zirkler*
(Address) *1737 E. Egan St.*20. FILED *5* 1936 *RECEIVED*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 2, 1936*22. I HEREBY CERTIFY That I attended deceased from *Sept. 27, 1936* to *Oct. 2, 1936*
I last saw him alive on *Oct. 2, 1936* Death is said to have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

*Hypertension, Arteriosclerosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Dr. Lidman, M.D.
Sinai Hospital

27803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Duncan St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Conboy

If U. S. Veteran

specify WAR

(a) Residence: No. 1815 N. Duncan St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

(or) WIFE of Harry F. Conboy

6. DATE OF BIRTH (month, day, year) June 18, 1868

7. AGE Years 68 Months 4 Days 14 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Francis Ritter

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Waldbeuga Ritter

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Harry F. Conboy (Address) 1815 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Oct. 7, 1936

19. UNDERTAKER George W. Jankler (Address) 1737 E. Eagle St.

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inspected Autopsy or Inquiry)

obtained by said autopsy (Inspected Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Dechenber

M. D.

(Address) 1919 E. North Ave. Coroner

F 27804

27804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5th City of Baltimore St. 70 Ward 10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.
 If U. S. Veteran

2. FULL NAME

(a) Residence: No. 3730 Clairmont St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|------------------|---------------------------|---|

4. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John*

6. DATE OF BIRTH (month, day, year) Nov 11 1869

| | | | | |
|--------|-------|--------|-------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day,.....hrs. or.....min. |
| 11 | 67 | 10 | 24 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town) Bethesda
(State or country) Md.

13. NAME David Hoover

14. BIRTHPLACE (city or town). Colt
(State or country) Ind.

| | |
|-----------------|--------------------|
| 15. MAIDEN NAME | E Elizabeth Thomas |
|-----------------|--------------------|

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT John Becker
(Address) 3730 Clarendon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Garment Care Date Oct. 7, 1947

19. UNDERTAKER *George W. Zierker*
(Address) *1757 E. 84th St*

1026

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 054, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said myself find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral reflexes

Other contributory causes of importance:

Was an operation performed?..... Date of

For what disease or injury? _____

Name of operation. _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) W. W. W. M.
Coroner

(Address) 1010 S. Elmwood Ave

27805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *11-4* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1100 Madison ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 29, 1936*

7. AGE Years Months Days If LESS than 1 day 14 hrs. 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*13. NAME *Robert Alfred Bradford*14. BIRTHPLACE (city or town) *Harford Co.*
(State or country) *MD.*15. MAIDEN NAME *Irene Harkness*16. BIRTHPLACE (city or town) *Annapolis*
(State or country) *Md.*17. INFORMANT *Irene Bradford*
(Address) *1100 Madison ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Inter. of Md.* Date *Oct 5* 1936

19. UNDERTAKER

(Address) *Commissioner of Health*

20. FILED

2624

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 30* 193622. I HEREBY CERTIFY, That I attended deceased from *1:25 P.M. Sept 29, 1936* to *3:05 A.M. Sept 30, 1936*I last saw her alive on *Sept. 30* 1936. Death is said to have occurred on the date stated above, at *3:05 A.M.*

The principal cause of death and related causes of importance were as follows:

*Congenital Stenosis
Premature Birth*

Date of onset

7/27

Other contributory causes of importance:

*Pyemic Maternal Placenta
Previa*Name of operation *None* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Roland E. Bieren* M. D.(Address) *University Hospital*

OCCUPATION is very important. See instructions on back of certificate.

27806

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27806

CERTIFICATE OF DEATH

95-B

15780

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-14 Ward)

Length of residence in city or town where death occurred 71 yrs.....mos.....ds. How long in U. S. If of foreign birth?yrs.....mos.....ds.

2. FULL NAME Ernest Hagan

(a) Residence: No. None St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | | |
|--|--|-----------------------|--|---|---|
| 3. SEX M | | 4. Color or Race W | | 5. Single, Married, Widowed, or Divorced (write the word) S | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? | | | | | |
| 6. DATE OF BIRTH (month, day, year) 11-23-1856 | | | | | |
| 7. AGE 80 | | Years 29 | | Months 10 | Days 5 |
| If LESS than 1 day.....hrs. or.....min. | | | | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Tailor | | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | | | |
| | | | | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) N. Y. | | | | | |
| FATHER | 13. NAME Frederick Hagan | | | | |
| | 14. BIRTHPLACE (city or town) (State or country) Germany | | | | |
| MOTHER | 15. MAIDEN NAME Caroline Schrader | | | | |
| | 16. BIRTHPLACE (city or town) (State or country) Germany | | | | |
| 17. INFORMANT B. C. H. Records (Address) | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place New York Date Oct. 5 1936 | | | | | |
| 19. UNDERTAKER Commissioner of Health (Address) | | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1936 to 9-28 1936. Death is said to have occurred on the date stated above, at 845 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Other contributory causes of importance:

Arteriosclerotic Heart Disease

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Ramsey M.D.

(Address) Baltimore City Hospital

27807. HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Word)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Kent Hawkins

(a) Residence: No. 1025 Gilmor St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 34-82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Chase Hawkins

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years 49 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT

Hospital Records

18. SIGNATURE OF INFORMANT OR REMOVAL Oct 9 - 1936

19. UNDERTAKER

Brooks 1463 Carey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/36

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1936 to 9-29 1936

I last saw him alive on 9-29 1936 Death is said to have occurred on the date stated above, at 2:45 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Cerebral Hemorrhage (old)

Date of onset 9-29-36
1935

Other contributory causes of importance:

Syphilis

unk

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John F. Rainey
Baltimore City Hospital

M. D.

(Address)

FILED 1936

2627

27808

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27808

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Thomas (9330)

(a) Residence: No. Baltimore City Hospitals St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|--|
| 3. SEX M | 4. Color or Race C | 5. Single, Married, Widowed, or Divorced (write the word) S |
|-------------|-----------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1906

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 30 | 5 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Car.
(State or country)

11. NAME Dave Thomas

11. BIRTHPLACE (city or town) N. Car.
(State or country)

15. MAIDEN NAME Mary ??

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Burr of Md. Date Oct. 5, 1936

19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED

3 1936

2628 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1935, to September 30, 1936

I last saw him alive on September 30, 1936. Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Tuberculous empyema- left

| |
|---------------|
| Date of onset |
| Sept. 1935 |
| July 1936 |

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis Clinical there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Dean H. Feldman

M. D.

(Address)

Baltimore City Hospitals

27809

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27809

CERTIFICATE OF DEATH

34-E-93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital, 14-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *4 yrs.* How long in U. S. If of foreign birth? *4 yrs.* If U. S. Veteran *World War* specify WAR

2. FULL NAME

(a) Residence: No. *Aberdeen, MD*St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (nr) WIFE of

6. DATE OF BIRTH (month, day, year) *March 20, 1894*7. AGE Years *44* Months *4* Days *15* If LESS than 1 day, hrs. nr. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) *Jan. 1936*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Hartford Co., MD.*

FATHER

13. NAME *William Bond*14. BIRTHPLACE (city or town) (State or country) *Hartford Co., MD.*

MOTHER

15. MAIDEN NAME *Harriet Bond*16. BIRTHPLACE (city or town) (State or country) *Hartford Co., MD.*17. INFORMANT (Address) *Nellie Giles Aberdeen H.F.D.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Spring* Date *Oct. 8, 1936*19. UNDERTAKER (Address) *Henry Harrison Aberdeen Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10.5* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *9.8* 19*36* to *10.5* 19*36*I last saw him alive on *10.5* 19*36* Death is said to have occurred on the date stated above, at *8:00 A.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis
Syphilitic aortitis.
C.N.S. syphilis*

Date of onset

April 1936

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *lab.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

*H. L. Jackson -
600 N. Arlington*

M. D.

OCT 5 1936

1936

19

Registrar.

27810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27810

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Eutaw Place & Brooks Lane

CITY OF BALTIMORE: (No. *Esplanade Apt. St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *7* yrs. *0* mos. *0* ds. If U. S. Veteran specify WAR

2. FULL NAME

Sidney P. Thantrouser

(a) Residence: No.

Esplanade Apt. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

Married

5a. If married, widowed, or divorced

HUSBAND of

Rose W. Thantrouser

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 5, 1877

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

59

3

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spin-
sawyer, bookkeeper, etc.

Dry. Ladies'

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

to Wear Store.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lawrenceburg, W. Va.

FATHER

13. NAME

Max Thantrouser

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Chelle Meyers

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mrs. Rose W. Thantrouser

(Address)

Esplanade Apt. St.

18. BURIAL, CREMATION, OR REMOVAL

Pl. *Belle Harbor*Date *Oct. 6, 1936*

19. UNDERTAKER

David Thompson

(Address)

902 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 4, 1936*22. I HEREBY CERTIFY, That I attended deceased from *May 23, 1936* to *Oct 4, 1936*I last saw him alive on *Oct 3, 1936* Death is saidto have occurred on the date stated above, at *6 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocarditis, Coronary Sclerosis -

Date of onset

1930

Other contributory causes of importance:

Coronary occlusion

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Eugene Wagner

M. D.

(Address)

The Esplanade

5. FILE

1936

19

H. E. Thompson

27811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27811

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Dunstan Road St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 8 mo. 6 ds. How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Hilda Horner Gaither

(a) Residence: No. 612 St. Dunstan's Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1896

7. AGE Years 40 Months 8 Days 6 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John William Gaither

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Maria D. Horner

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Reed Gaither (Address) 612 St. Dunstan's Road

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Oct. 6, 1936

19. UNDERTAKER John F. Denney (Address) 75 Light St

CT 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1936

22. I HEREBY CERTIFY That I attended deceased from May 2, 1935, to Oct. 4, 1936

I last saw alive on Oct. 4, 1936. Death is said to have occurred on the date stated above, at 3.35 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis, Edema Endocarditis, 1910
Acute Pericarditis with Effusion, 1936
Chronic Intestinal Myopathy, 1930

Other contributory causes of importance:

Acute Cardiac Distention, 1936

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

27812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

City Hospital

CITY OF BALTIMORE: (No.)

St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Silas Long

(a) Residence: No. 16 24

Lattrobe

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured neck

8-8-36

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury 8-8-36

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place Highway

Nature of injury Injury of car struck a safety

Nature of injury Person thrown out

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. H. Muley, Auto

Coroner

M. D.

907 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

T 6 1936

F 27813

F 27813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Callett St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 613 Callett St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Gough6. DATE OF BIRTH (month, day, year) June 15, 18847. AGE 52 Years 3 Months 18 Days If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. All kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME John R. Gough14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Rose16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT

(Address) 515 Callett St.

18. BURIAL, CREMATION, OR REMOVAL

Place mt Auburn cem Date 10-6-36

19. UNDERTAKER

(Address) George S. Nelson
1303 Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

T 10

F 27814

F 27814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-2 Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.Registered No. 17281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Eugene EdwardsIf U.S. Veteran
specify WAR(a) Residence: No. 1115 Division St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/18/36

| | | | | |
|-----------|-------------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>47</u> | <u>days</u> | <u>1</u> | <u>47</u> | <u>16</u> |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME James Edwards14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Ethel Webb16. BIRTHPLACE (city or town) Balto.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Date 9-6- 193619. UNDERTAKER Geo. H. Holland
(Address) 1601 Grand Hill Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/36 193622. I HEREBY CERTIFY, That I attended deceased from 9/19/36 1936 to 10/4/36 1936I last saw him alive on 10/4/36 1936 Death is said to have occurred on the date stated above, at 6:17 A.m.

The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset

9/13/36

Other contributory causes of importance:

Prematurity8/18/36Was an operation performed? no Date of For what disease or injury? What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1936Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

A. J. Anderson M. D.
Balto City Hosp

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1936

F 27815

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27815

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Park Ave. ST., 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Kate Braxton

(a) RESIDENCE NO.

1125 Park Ave. ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

Patrick H.

6 DATE OF BIRTH (month, day, and year)

March 1, 1863

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

7

v

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Housewife

9 BIRTHPLACE (city or town) (State or country)

Va

10 NAME OF FATHER

Henry Braxton

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Va.

12 MAIDEN NAME OF MOTHER

Fannie Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Va.

14

Informant (Address)

Annie Dorsey

15

CT 6 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Oct 3, 1936

17

I HEREBY CERTIFY, That I attended deceased from

Sept 30, 1936, to Oct 3, 1936,

that I last saw her alive on Oct 3, 1936,

and that death occurred, on the date stated above, at 4:45 A. M.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Muscular Renal Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urine & blood Chemistry

(Signed) George L. Dr. M. D.

19 (Address) 844 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Catholic Cemetery 9-6-1936

20 UNDERTAKER

ADDRESS

Mrs. Geo. R. Hall 1631 E. 7th

F 27816 A Co.—200 Bks.

Dutrieville
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27816

CERTIFICATE OF DEATH

REGISTERED NO. *82-6*

1-PLACE OF DEATH

City of BALTIMORE: (No. *650 N. Carey St.* *16-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME *Louise S. Dutrieville*(a) RESIDENCE NO. *650 N. Carey*

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 Color or Race *C* 5 Single, Married, Widowed, or Divorced, (write the word) *Widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) *May 9, 1886*7 AGE Years *50* Months *3* Days *4* IF LESS than 1 day _____ hrs. or _____ min. *26*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housewife*(b) General nature of industry, business, or establishment in which employed (or employer) *6037*

(c) Name of employer _____

9 BIRTHPLACE (city or town)

(State or country) *Edenton, N. C.*10 NAME OF FATHER *Charles Skinner*

11 BIRTHPLACE OF FATHER (City or town)

(State or country) *Edenton, N. C.*

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) _____

14

Informant *Hilda Dutrieville*
(Address) *650 N. Carey St.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 *October 4, 1936*17 I HEREBY CERTIFY, That I attended deceased from *Sept 22, 1932* to *Oct 4, 1936*
that I last saw her alive on *Oct 3, 1936*and that death occurred, on the date stated above, at *7:30 a. m.*

The CAUSE OF DEATH* was as follows:

*Apoplexy -
(Cerebral Hemorrhage)*CONTRIBUTORY *Hypertension with*
(Secondary) *arteriosclerosis*

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? *no* Date of _____Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *J. R. Hughes*10/6, 1936 (Address) *825 N. Fremont St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Maria P.O.*

Date of Burial

20 UNDERTAKER

*Mrs. Geo. H. Holland*ADDRESS *16 3rd St.*

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation very important. See instructions on back of certificates.

OCT 6 1936

7817

318908

F, 27817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 5-1 WardRegistered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1248 McElderry St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed,
or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/22/357. AGE Years Months Days If LESS than
1 day, hrs. or min.
9 128. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-4, 193622. I HEREBY CERTIFY, That I attended deceased from
Sept-21, 1936 to Oct-4, 1936I last saw her alive on Dec 4, 1936 Death is said
to have occurred on the date stated above, at 5:00 a.m.The principal cause of death and related causes of
importance were as follows:T. B. meningitis
Chr. otitis mediaDate of onset
9/21
8/14

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

What test confirmed diagnosis? Culture Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) Lysia B Edwards
Johns Hopkins

M. D.

CT 6 1936

27819

12488

F 27819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Wallace

If U.S. Veteran

specify WAR

(a) Residence: No. 1227 Penna. Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|--|
| 3. SEX <u>F</u> | 4. Color or Race <u>B</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|--------------------|------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-8-1920

| | | | | |
|-----------|-------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>16</u> | | <u>1</u> | <u>26</u> | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Unknown</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME George14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Virgie Davis16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BIRTH, CREATION, OR REMOVAL
Place St. Albans Date 10/8 3619. UNDERTAKER Wm A Jackson
(Address) 914 Penna Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-3622. I HEREBY CERTIFY. That I attended deceased from 2-24 1936 to 10-4 1936I last saw h. alive on 10-4 1936 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were, as follows:

DementiaDate of onset
Jan 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) John S. Ramsey(Address) Baltimore City Hospital

M. 17

CT 6

1936

F 27820

F 27820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Eutaw St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Yenulivicus

If U. S. Veteran

specify WAR.

(a) Residence: No. 208 S. Eutaw St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Tailor

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Vicher (Address) 208 S. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 7, 36

19. UNDERTAKER (Address) 208 S. Eutaw St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gun Shot Wound of Chest

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Suicide Date Oct. 4, 1936

Where did injury occur? 208 S. Eutaw St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self (Revolver)

Nature of injury Wound of Chest

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 27821

F 27821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 75 Ward 5)Registered No. 17631

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 24 yrs. 0 mos. 0 ds.2. FULL NAME Nick Blahulak

If U.S. Veteran

specify WAR (a) Residence: No. 5021 Pennington Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) 18707. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business to which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Russia (State or country)13. NAME Andrew Blahulak14. BIRTHPLACE (city or town) Russia (State or country)15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR DISPOSITION Holy Trinity Russian A.C. Co. Place Date Oct 7, 193619. UNDERTAKER John Greblaucengz (Address) 423 S. Paca. St.20. FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4, 193622. I HEREBY CERTIFY, That I attended deceased from 10-2, 1936 to 10-4, 1936I last saw him alive on 10-4, 1936 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

2 days ?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Rainey(Address) Baltimore City Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F D. 27822

F 27822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 7-3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *400 N Pine* St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *114-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Cel* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Estimate Adams*6. DATE OF BIRTH (month, day, year) *July 4-1893*7. AGE Years *43* Months *3* Days *0* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *P W A* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0050* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto* (State or country) *and*FATHER 13. NAME *John Adams*14. BIRTHPLACE (city or town) *and* (State or country)MOTHER 15. MAIDEN NAME *Elizabeth Williams*16. BIRTHPLACE (city or town) *and* (State or country)17. INFORMANT *Hospital Person* (Address) *President Hospital*18. BURIAL, CREMATION, OR REMOVAL Place *not known* Date *10/8/36* 1919. UNDERTAKER *Charles P. Cooper* (Address) *514 N. Calhoun St.*

FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 4, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

lung abscess

Date of onset

Sept 22 1936

Other contributory causes of importance:

Was an operation performed? *no* Date ofFor what disease or injury? *no*Name of operation *nothing* Date of *no*What test confirmed diagnosis? *nothing* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D. S. Allen* Coroner M. D.(Address) *507 Annapolis St.*

OCCUPATION is very important. See instructions on back of certificate.

F 27823

F 27823 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Harlem St. 16-4

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 16 mos. How long in U. S. If of foreign birth: 16 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. 1828 Harlem St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara V. Ryan

6. DATE OF BIRTH (month, day, year) Apr. 27 - 1853

7. AGE Years 87 5 Months 9 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 006! 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William J. Ryan

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Eliza O. Robinson

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Clara V. Ryan (Address) 1828 Harlem St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Airy Date Oct. 7 1936

19. UNDERTAKER J. J. Murphy (Address) 1100 N. E. St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Oct 5 1936

I last saw him alive on 12th 1936 Death is said to have occurred on the date stated above, at 2⁰⁰ m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 1930 Endocarditis 3 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. E. Plumb M. D.

(Address) 1784 N. Paul St.

T 6 1936

E 27824

E 27824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Bayard 21-2 Ward)Length of residence in city or town where death occurred 65 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1222 Bayard 21 St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of William Murray
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 28 - 18717. AGE Years 65 Months 0 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or county)13. NAME Louis Deal14. BIRTHPLACE (city or town) Tolhurst
(State or country)15. MAIDEN NAME Sarah E. Cossick16. BIRTHPLACE (city or town) Assomance
(State or country)17. INFORMANT Sarah Parker
(Address) 1222 Bayard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 8, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.20. Thos H. Phillips
(Address) 1919 2d Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held as Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above, 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Thos H. Phillips M. D.(Address) 1919 2d Avenue

OCCUPATION is very important. See instructions on back of certificate.

CT 6 1936

F 27825

27825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Fremont St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Virginia Jones

(a) Residence: No. 713 S. Fremont St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race Cve 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Alexander Jones (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug - 1887

7. AGE Years 49 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General House work 10. Date deceased last worked at this occupation (month and year) 9/26 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Phillip Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ida Brown

(Address) 713 S. Fremont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 7, 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Frederick St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/36

22. I HEREBY CERTIFY, That I attended deceased from 9/16/36 to 10/3/36

I last saw him alive on 10/2/36 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

10/1/36

Other contributory causes of importance:

arterio Sclerosis initial Regurgitation

Date of onset

4/7/36

1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clavical Date of

What test confirmed diagnosis? Clavical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Bowley M. D.

(Address) 179 N. Campbell St.

OCCUPATION is very important. See instructions on back of certificate.

OCT 6 1936

Registrar

27826

F 27826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Hudson St., 76-9 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3900 Hudson St., 76-9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Theresa
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 10/927. AGE Years 43 Months 87 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rolling job

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME James Edward14. BIRTHPLACE (city or town) Baltimore
(State or country) MD.15. MAIDEN NAME Sarah Jones16. BIRTHPLACE (city or town) Baltimore
(State or country) MD.17. INFORMANT Mrs. Mauda Weil
(Address) 717 Edmund St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Oct 8, 193619. UNDERTAKER Filly & Zuercher
(Address) 4003 3rd St. N. W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary embolism

Other contributory causes of importance:

Partially chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address) 1010 S. Eldon Ave

Registrar

19

FILED 1936

OCCUPATION is very important. See instructions on back of certificate.

F 27827. HEALTH DEPARTMENT—CITY OF BALTIMORE F 27827

CERTIFICATE OF DEATH

V-50

Registered No. 16426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 City Hospitals St., 27-5 Ward 5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Wentworth

If U.S. Veteran specify WAR

(a) Residence: No. 3005 Christopher Ave. St., 27-5 Ward 5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 8/7/1885

7. AGE Years 1 Months 28 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Hugo Zinkand

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Charlotte Miller

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Cem. Date Oct 8 1936

19. UNDERTAKER John F. Denny (Address) 715 Light St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 1936

22. I HEREBY CERTIFY. That I attended deceased from 8-15 1936 to 10-5 1936

I last saw him alive on 10-5 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast 5 yrs with metastases Date of onset

Other contributory causes of importance:

Bronchopneumonia 3 days

Was an operation performed? not in this hospital

For what disease or injury? Carcinoma of breast

What test confirmed diagnosis? physical Where an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Hoover M. D.

(Address) Balt. City Hosp.

CT 6 1936

27828

HEALTH DEPARTMENT—CITY OF BALTIMORE 27828

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital 5-2 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1326 N. Mount St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Divorced5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Mason6. DATE OF BIRTH (month, day, year) 18877. AGE Years Months Days If LESS than 1 day, hrs. or min. 49

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME unknown14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Elizabeth Kelson16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT H. Enrietta Brown (Address) 671 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/8 193619. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-36, 1922. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Oct. 5, 1936I last saw her alive on Oct. 5, 1936. Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Rupture of aneurysm of descending thoracic aorta

Date of onset

Other contributory causes of importance:

Pulmonary Tbc.Was an operation performed? no Date ofFor what disease or injury? noneWhat test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John M. Warren M. D.(Address) Univ. Hosp.

OCT 6 1936

H. Enrietta Brown

M. D. R. 1243

F 27829

F 27829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

President Hospital 17-7

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Julia Williams

If U. S. Veteran

specify WAR

(a) Residence: No.

70 W. Lane St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

A

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 16-1918

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

18

4

18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Cuba P. R.

OCCUPATION

13. NAME

Manning Williams

14. BIRTHPLACE (city or town) (State or country)

Baltimore City

15. MAIDEN NAME

M. C.

16. BIRTHPLACE (city or town) (State or country)

Cuba P. R.

17. INFORMANT (Address)

Hospital General

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date Oct 6, 1936

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams
322 S. Schwabach St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Septic Haemorrhage
Pneumonia
Septic Yellow Stupor
Other contributory causes of importance:
Disease Septic Haemorrhage

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide, Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Coroner

M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

FILED
OCT 6 1936

Registrar

F 27830

F 27830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 O'Donnell St. 76-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. 3513 O'Donnell St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Hattie Peetz
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 14 - 18667. AGE Years 69 Months 11 Days 20 If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Laboree Retired9. Industry or business in which work was done, as alk mill, saw mill, bank, etc. City Parks10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Baltimore, (State or country) Md.13. NAME John M. Peetz
14. BIRTHPLACE (city or town) Germany
(State or country) _____15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known
(State or country) _____17. INFORMANT Hattie Peetz
(Address) 3513 O'Donnell St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Oct 8, 193619. UNDERTAKER George W. Giffels
(Address) 1737 E. Caper St.

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 4, 1936I last saw him alive on Oct 4, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Oct 2
Arterio Sclerosis, Myocardia
Nephritis -Date of onset
1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chas. E. Lohman(Address) 3507 Fultow

M. D.

OCT 6 1936

F 27831 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27831

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 S. Clinton St. 26-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran

2. FULL NAME Anna E. Betch

specify WAR _____

(a) Residence: No. 1325 S. Clinton St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of JOHN Betch (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) June 19, 1892.

7. AGE Years 44 Months 3 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Harry T. Jimmont
14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary E. Rosman
16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT John Betch (Address) 1325 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date Oct 9 1936

19. UNDERTAKER George W. Zirkler (Address) 1737 E. Eyer St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1936 to Oct 5 1936
I last saw him alive on Oct 4 1936 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Acute Cordic Detention

Date of onset Breast 1 1/2 hrs

Other contributory causes of importance:

Infected Left Breast

Sept 16 1936

Was an operation performed? yes Date of Sept 24

For what disease or injury? operation on infected breast

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Nathan J. Davidson M. D. (Address) 3228 Eastern Ave

FILED 1936 October 10 Baltimore

17625

F 27832

F 27832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Geraldine WellsIf U.S. Veteran
specify WAR(a) Residence: No. 122 W. 22nd St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-7-19367. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 months 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Benjamin Md.14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Bertha Brogden16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Calvary Cemetery Date Oct 6 193619. UNDERTAKER Archibald H. Gaddis
(Address) 2101 Mc Ewell St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-36, 19

22. I HEREBY CERTIFY, That I attended deceased from

10 - 16 to 10-4-36, 19I last saw him alive on 10-4-36, 19 Death in saidto have occurred on the date stated above, at 10 15 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

10-1-36

Other contributory causes of importance:

Parenteral Diabetes10-1-36Was an operation performed? no Date ofFor what disease or injury? noneWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. B. Gray M. D.
Baltimore City Hospital

1936

F 27833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore Care. Hosp.

Registered No.

CITY OF BALTIMORE: (No.

1213 Light

St. 25 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Preston Gabrill

If U. S. Veteran specify WAR

(a) Residence: No.

3505 Fourth St. Brooklyn Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Dora Gabrill

6. DATE OF BIRTH (month, day, year)

April 20 1870

7. AGE

66

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

S & O. C. C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Dora Gabrill

(Address)

3505 Fourth St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Mt. Hope Woodlawn Md.

Date Oct 2 1936

19. UNDERTAKER

Drenowicz & Son

(Address)

3615-17 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 4, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Sept 22, 1936 to Oct 4, 1936

I last saw him alive on Oct 4, 1936 Death is said

to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Terminal broncho-pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?

✓

Date of 10-5-36

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James S. Webb M. D.

(Address)

1213 Light St

6. FILE

1936

Registrar

27834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27834

CERTIFICATE OF DEATH

Registered No. 14584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 73-1 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Battle

(a) Residence: No. 912 Pear Alley
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Anna Battle
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/10/1862

7. AGE Years 74 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME Clinton Battle

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Hannah Edwards

16. BIRTHPLACE (city or town) N.C.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Unint. Date Oct. 6, 193619. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1934 to 10-2, 1936.

I last saw him alive on 10-2, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 9-30-36

Other contributory causes of importance:

Unexplained Fever

4 mos

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

FILED 1936

19

Registrar

27835 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital 5-1* St., *5-1* Ward)Registered No. *179*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *137 N. Front*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Unknown</i> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Unknown*

| | | | | |
|--------|-----------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>50</i> | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Seaman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0086*12. BIRTHPLACE (city or town) (State or country) *Portugal*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Mary Hosp. Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *buried*Date *Oct 6**1936*

19. UNDERTAKER

(Address)

Per H. A. Moore

6 FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 30, 1936*

22. I HEREBY CERTIFY. That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Metallurgic Poisoning
Probably Copper Sulphate*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide..... Date of injury..... 19.....

Where did injury occur? *Sept 26, 1936*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Took P/Cu 504 by mistake*Nature of injury *for Hendrich pills*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. J. B. Wallace M. D.
(Address) *1031 St Paul St*

✓ F 27836

27836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward.)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

Specify WAR

2. FULL NAME

Edward Alexander. (c)

(a) Residence: No. _____

722 Hanover St.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, hrs. _____ min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 604012. BIRTHPLACE (city or town) Do not know.
(State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Funerary Home Date Oct 6 193619. UNDERTAKER
(Address)Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (month, day, year) September 24, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Rupture of an Aortic Aneurism.
Syphilis.

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? Hospital autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John H. Reinhardt

M. D.

(Address) 1017 S. Charles St.

Coroner

10/5/36

State CAUSE OF DEATH in plain terms so that it may be OCCUPATION is very important. See instructions on back of certificate.

T 6 FIL 1936

19

Registrar

F 27837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Young(a) Residence: No. Dakdale, Mechanicville

(Usual place of abode)

St.

Ward. Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown8. AGE Years Months Days If LESS than 1 day, hrs. or min. 1

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Md

FATHER

14. NAME Bernard Young15. BIRTHPLACE (city or town) (State or country) Md

MOTHER

16. MAIDEN NAME Gladys Butler17. BIRTHPLACE (city or town) (State or country) Md18. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mes. School Date Oct 6 1936

20. UNDERTAKER

(Address) Commissioner of HealthPer H. A. Moore

21. FILED

19

Registrar.

6 1936

26309

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-27 193622. I HEREBY CERTIFY, That I attended deceased from Sept-2 1936 to Sept-27 1936I last saw him alive on Sept 27 1936 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Meningitis

Date of onset

unknown9/27/36over

Other contributory causes of importance:

Cong. syphilisWas an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis Culture Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Wm. C. Saffer Jr.

M. D.

(Address) Johns Hopkins Hospital

27838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27838

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 31 N. Bond St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) September 26, 1936

7. AGE Years Months Days If LESS than 1 day, 12 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME James Davis14. BIRTHPLACE (city or town) (State or country) South Carolina15. MAIDEN NAME Elsie Branch16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Episcopal Church Date Oct 6 1936

19. UNDERTAKER

(Address)

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 193622. I HEREBY CERTIFY, That I attended deceased from 6:05 PM 9-26, 1936, to 7:45 AM 9-27, 1936.I last saw her alive on Sept, 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sarah H. Bridgman M. D.(Address) The Johns Hopkins Hospital

2635 H

27839

F 27839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 7007 E Pratt St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 24, 19367. AGE Years Months Days If LESS than 1 day, 4 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME William Klein14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Klein16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hospital Date Oct 6 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

12:15 PM 9-24-36 to 4 PM 9-24-36I last saw him alive on 9-24, 1936. Death is saidto have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

prematurity
pulmonary cause undetermined

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Parah H. Bawditch
The Johns Hopkins Hospital

M. D.

6 1936

2037

1-32
F 27840

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27840

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JONES HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Holmes

(a) Residence: No.

931 Hubbard

St. Alley Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Black

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

9/2/36

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

28 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

Mayland

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Oct. 6 '36

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

6 1936

0639

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936 to Sept 26, 1936

I last saw him alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Injury of nose

Date of onset Birth

Other contributory causes of importance:

Was an operation performed? Yes

Date of 9/18/36

For what disease or injury?

fracture

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Wm. O. Stillman Jr. M. D.
Address: Johns Hopkins Hospital

F 27841 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 8-6 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1514 N. Chapel St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 21, 1936

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Thomas Robbs

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Florence Gernik

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place H. Reed School Date Oct 6, 1936

19. UNDERTAKER (Address) Commissioner of Health

Per H. A. Moore

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1:05 PM - 9-21, 1936 to 4 PM 9-21, 1936

I last saw him alive on 9-21, 1936. Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sarah H. Bowditch M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

6 1936

#2038

F 319120
27842

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27842

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel Thomas

(a) Residence: No. 383 Hillen Rd. St., Ward. Town

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/9/36

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Oliver Thomas

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Reinas

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 1, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 25, 1936 to Oct - 1, 1936

I last saw him alive on Oct - 1, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bacillary dysentery
Broncho pneumonia

Date of onset
9-18-36
9-25-36

Other contributory causes of importance:

Scurvy

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed Wm. C. Stifflye,

M. D.

(Address) Johns Hopkins Hospital

25. FILED

6 1936

2640

27844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27844

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hosp. 14-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *13* mos. *3* da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

James Haynes

(a) Residence: No.

Bradshaw P.O. Balto. Co. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 3 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *11 8 1*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Bradshaw P.O., Md.*13. NAME *James Haynes*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Margaret Myers*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *James Haynes* (Address) *Bradshaw P.O.*18. BURIAL, CREMATION, OR REMOVAL Place *Only* Date *Oct 7 1936*19. UNDERTAKER *Howard K. Melton* (Address) *Abingdon, Md.*

20. THE DECEASED (Name and address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10.4*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *9.21*, 19 *36* to *10.4*, 19 *36*I last saw him alive on *10.4*, 19 *36*. Death is said to have occurred on the date stated above, at *3:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

9.18.36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *R. H. Jackson*

M. D.

(Address) *600 N. Lexington*

6 1936

✓ F 27845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR None

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1844 N. Calverton St. Ward 8-7)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Berta Margaret Shannon
(a) Residence: No. 1844 N. Calverton Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. Shannon

6. DATE OF BIRTH (month, day, year) April 30 1914

7. AGE Years 22 Months 5 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Jacob R. Ringsdorf

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary A. Willis

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT P. J. Shannon (Husband) (Address) 1844 N. Calverton Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date Oct 18/36

19. UNDERTAKER Stewart & Mowen Company (Address) 108 W. North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 19 36 to Oct 4, 19 36

I last saw her alive on Oct 4, 19 36 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis Date of onset 10 J.

Other contributory causes of importance:

Pneumonia Tuberculosis 6 mo

Was an operation performed? no Date of _____

For what disease or injury? no

Name of operation None Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Dr. F. A. Stevens M. D.

(Address) 2878 Harford Rd

6 FIL 1936

Registrar

27846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Elmley Ave. St. 8-1 Ward)

Length of residence in city or town where death occurred 9 yrs. 2 mo. 13 ds. How long in U. S. If of foreign birth? 9 yrs. 2 mo. 13 ds.

2. FULL NAME Shirley Irene Colley

(a) Residence: No. 3302 Elmley Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1927

7. AGE Years 9 Months 2 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME George Colley

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Irene Hofmeister

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT George Colley (Address) 8 Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Date Oct 7, 1936

19. UNDERTAKER Stewart M. Morris (Address) 108 W. North Ave.

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to Oct 4, 1936

I last saw him alive on Oct 4, 1936 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Periarteritis nodosa

Date of onset

Mar 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Biopsy muscle Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas J. Schwenker M. D.

(Address) Sydenham Hospital

27847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27847

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Sequoia Av St. 15-11 Ward)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 48 yrs. 10 mos. 8 da.

2. FULL NAME

George Andrew Henne(a) Residence: No. 3218 Sequoia Av St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran NONE
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reta Henne6. DATE OF BIRTH (month, day, year) Nov-26-18877. AGE Years 48 Months 10 Days 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mdew Sept Head9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward Co.10. Date deceased last worked at this occupation (month and year) July-3-1936 11. Total time (years) spent in this occupation 14 yrs.12. BIRTHPLACE (city or town) Embrey (State or country) Illinois13. NAME George A. Henne14. BIRTHPLACE (city or town) Germany (State or country) _____15. MAIDEN NAME Millie _____16. BIRTHPLACE (city or town) France (State or country) _____17. INFORMANT Mrs Reta Henne (wife) (Address) 3218 Sequoia Av18. BURIAL, CREMATION, OR REMOVAL Seattle Wash Date Oct 4/3619. UNDERTAKER Stewart Monument Company (Address) 108 W. 1st St.

6 FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4-36, 1922. I HEREBY CERTIFY. That I attended deceased from May 16/36, 19, to Oct 4/36, 19.I last saw him alive on Oct 4/36, 19. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Angina PectorisDate of onset about 6 mo
duration duration

Other contributory causes of importance:

arterio-sclerosis

P

Was an operation performed? No Date of _____For what disease or injury? NoName of operation none Date of _____What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Walter J. Dublett M. D.(Address) 2220 Garrison Blvd

F 27848

✓ F 27848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital st. 11-2nd Ward)

Length of residence in city or town where death occurred 3 -- mos. -- How long in U. S. If of foreign birth: -- yrs. -- mos. -- da.

2. FULL NAME

(a) Residence: No. 114 W. Franklin St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of Calvin H. Claiborne (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24, 1887

7. AGE Years 49 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Bradford Tennessee

13. NAME Abe Lambert

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Tennessee Cox

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Miss Patricia Claiborne (Address) 114 W. Franklin Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery 10/7 1936

19. UNDERTAKER Henry W. Mears & Son (Address) 805 N. Calvert St.

20. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 2, 1936, Oct 5, 1936

I last saw her alive on Oct 5, 1936 Death is said to have occurred on the date stated above, at 6¹⁰ A.M.

The principal cause of death and related causes of importance were as follows: Myocardial failure

Other contributory causes of importance: Ruptured appendix, Cholecystitis, Cholelithiasis, ?

Was an operation performed? *Yes* Date 10-7-36

For what disease or injury? gangrenous appendix

What last confirmed diagnosis? *aper* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Cotto M. D.

(Address) University Hospital

27849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Rosedale St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1802 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Leisy Estelle Sturgis (or) WIFE of6. DATE OF BIRTH (month, day, year) July 25, 18717. AGE 65 Years 2 Months 10 Days If LESS than 1 day, h. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Morgan's clothing collector of bills
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0072
10. Date deceased last worked at this occupation (month and year) Stockton Md.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Stockton Md.13. NAME William H. Sturgis14. BIRTHPLACE (city or town, State or country) Stockton Md.15. MAIDEN NAME Leannette P. Pritchard16. BIRTHPLACE (city or town, State or country) Stockton Md.17. INFORMANT My Larry Brittingham (Address) Pocomoke City Md.18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City Md. Date Oct. 8-26 1919. UNDERTAKER H. B. Spickert & Son (Address) 1200 E. ... Place20. FILED 1936 Sturgis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day and at the place above.

The principal cause of death and related causes of importance were as follows:

Epileptic Seizure.

Other contributory causes of importance:

Depression & Circulatory

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation. Was there an autopsy?

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. ... M. D.(Address) 1215 Hanover

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 27850

F 27850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senai Hospital 24-1* St. *24-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Carrol Nowakowski

If U. S. Veteran

specify WAR _____

(a) Residence: No. *1450 Cooksey St.*

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of *white* 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of *Jan 28 1936* (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Jan. 28, 1936*

7. AGE Years _____ Months *8* Days *97* If LESS than 1 day, _____ hra. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *Vincent Nowakowski*

14. BIRTHPLACE (city or town) *Poland* (State or country)

15. MAIDEN NAME *Josephine Nowakowski*

16. BIRTHPLACE (city or town) *Poland* (State or country)

17. INFORMANT *Mrs. Josephine Nowakowski* (Address) *1450 Cooksey St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Valley Spring* Date *Oct 7 1936*

19. UNDERTAKER *Phos. L. Stevens* (Address) *1501 E. Pratt Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 5 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 4 1936* to *Oct 5 1936*

I last saw her alive on *Oct 5 1936* Death is said to have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance were as follows:

Diarrhea
Bronchopneumonia
Otitis Media

Date of onset

Other contributory causes of importance:

Meningeal edema

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *B. J. Duman* M. D.

(Address) *Senai Hospital*

6 1936

F 27851

F 27851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Hanover St. St. 77-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Evelyn E. Katenkamp.

If U. S. Veteran specify WAR

(a) Residence: No. 608 Hanover St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, give name of husband (or) WIFE of Frank Katenkamp.

6. DATE OF BIRTH (month, day, year) August 1, 1895

7. AGE Years 41 Months 2 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George Gorth.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Mary E. -----

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Frank Katenkamp. (Husband) (Address) 608 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Oct 7, 1936

19. UNDERTAKER John F. Denny (Address) 715 Light St

20. FILED

7 1936 H. E. F. H. E. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thirteen and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

10/5/36 M. D. (Address) 1017 S. Charles St.

27852

F 27852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W. Ostend

123-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate W. Blankenship

If U. S. Veteran specify WAR

(a) Residence: No. 123 W. Ostend

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1875

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 60 | 9 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton, Md.
(State or country)

13. NAME John W. Beckwith

14. BIRTHPLACE (city or town) Dorchester Co., Md.
(State or country)

15. MAIDEN NAME Susan A. Caulk

16. BIRTHPLACE (city or town) Easton, Md.
(State or country)17. INFORMANT John M. Blankenship
(Address) 123 W. Ostend St.,18. BURIAL, CREMATION, OR REMOVAL
SPRING HILL CEMETERY Date Oct 9, 1936
Place EASTON, MD19. UNDERTAKER John F. Denny
(Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to October 5, 1936

Last saw him alive on October 5, 1936 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

Transverse Ascending Myelitis

Date of onset

Dec. 1935

Other contributory causes of importance:

Myocardial failure Generalized edema

Sept 1936

Sept 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Miller, M. D.

(Address) 1225 S. Charles St.

CT 7

1936

F B 27853

F 27853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Food Shepherd Hospital Ward)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. La Platan Rd

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cel 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife6. DATE OF BIRTH (month, day, year) 18917. AGE Years 45 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborem

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Platan
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Hospital Records
(Address) Albany St.

18. BURIAL, CREMATION, OR REMOVAL

Place Waldorf Date Oct 7 193619. UNDERTAKER Hunt & Son
(Address) Waldorf, Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1936

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? None Date ofFor what disease or injury? noName of operation no Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Allen(Address) 507 Annapolis

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

CT 7 1936

27854

F 27854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *16* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elisha Armstrong

If U. S. Veteran specify WAR

(a) Residence: No. *1044 Broadway* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Caucasian* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of HUSBAND of *Rosa Armstrong*6. DATE OF BIRTH (month, day, year) *1899*7. AGE *37* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Rocky Point N.C.*13. NAME *Albert Armstrong*
14. BIRTHPLACE (city or town) (State or country) *N.C.*15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *N.C.*17. INFORMANT *Rosa Armstrong*
(Address) *25 N. Tremont Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Rocky Point N.C.* Date *10/7/1936*19. UNDERTAKER *Frances A. Hemmley*
(Address) *378 W. Biddle St.*20. FILED *7* 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10.4* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10.1* 19*36* to *10.4* 19*36*. Death is said to have occurred on the date stated above, at *8:00* A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset *10.1.36**Malignant hypertension* *4* *mo* *ago*

Other contributory causes of importance:

Was an operation performed? *No* Date of *Nov*

For what disease or injury?

Name of operation *Clinical* Date of *No*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. B. Jackson* M. D.(Address) *600 N. Lexington*

27855

F 27855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

513 N. Fremont St., 17-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Bessie Friedberg

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

513 N. Fremont Ave.

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

The Friedberg

6. DATE OF BIRTH (month, day, year)

1872

7. AGE Years 64 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Miriam Goldberg.

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Solomon H. Goldbug

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

The Friedberg

(Address)

513 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Adrian Westington

Date Oct 7 1936

19. UNDERTAKER

Sol. Levinson Bv

(Address)

1127 E. ...

20. FILED

19

OCT 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936, to Oct. 6, 1936

I last saw her alive on Oct. 6, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
Terminal Pneumonia

Date of onset

Oct 6

"

Other contributory causes of importance:

Myocardial Degeneration
Arterio-sclerosis

Date of onset

4 yrs

Unk

Was an operation performed?

No

Date of

For what disease or injury?

None

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. F. Ries

M. D.

(Address)

245 Broadway

M. D. 1936
F 27856

F 27856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-7 Ward)Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Wm. A. Lewis Jr.(a) Residence: No. 3740 Chestnut Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |

6. DATE OF BIRTH (month, day, year) Feb. 26, 1936

| | | | | |
|--------|-------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | | <u>7</u> | <u>10</u> | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Wm. A. Lewis14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Virginia Sprucebank16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Wm. A. Lewis
(Address) 3740 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Walter Davis
(Address) 3740 Chestnut Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Dysentery
Broncho Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Colon. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) F. H. C. Allen M. D.(Address) 2737 W. 12th St.

OCCUPATION is very important. See instructions on back of certificate.

L 130

F 27857

M. D. B. 1268-9
27857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 211 N. Bond St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Larminia
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 33 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Raleigh
(State or country) North Carolina13. NAME Edmond
14. BIRTHPLACE (city or town) Raleigh
(State or country) N.C.15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) North Carolina
(State or country)17. INFORMANT Edmond Jefferson (Sister)
(Address) 211 N. Bond18. BURIAL, CREMATION, OR REMOVAL
Place mt Calvary Date Oct 8th 193619. UNDERTAKER Elroy Wilson
(Address) 1000 Bantley ave20. F. I. D. No. 130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest/Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Isolar pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. M. M. M.

Coroner

M. D.

(Address) 1610 S. Second

F 27858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27858

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Barre ST. 72 WARD)2. FULL NAME Mary McKerson(a) RESIDENCE NO. 502 N. Barre

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds.How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Cal5 Single, Married, Widowed, Divorced, (write the word) Married6a If married, widowed, or divorced
HUSBAND of Paul McKerson
(or) WIFE of6 DATE OF BIRTH (month, day, and year) 10-4-36

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Housewife(b) General nature of business,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER John Reed11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va12 MAIDEN NAME OF MOTHER Mary Johnson13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14

Informant
(Address) Paul McKerson

15

Dr. J. H. Williams, MD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4-36

17

I HEREBY CERTIFY, That I attended deceased from
Sept 16, 1936, to Oct 4, 1936
that I last saw her alive on Oct 4, 1936and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary) Toxemia

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Thompson

19

(Address) 501 N. Hampden

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Our Church

DATE OF BURIAL

20 UNDERTAKER Phas H. Cooper

ADDRESS

571 N. Hampden

TION is very important. See instructions on back of certificates.

gloir

7-1936

27859

HEALTH DEPARTMENT—CITY OF BALTIMORE

27859

CERTIFICATE OF DEATH

1. PLACE OF DEATH *University of Md. Hospital* Registered No. *54-B*
 CITY OF BALTIMORE: (No. *Howard & Green St.* *402* Ward)
 Length of residence in city or town where death occurred yrs. *2* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Betty Alexander*
 (a) Residence: No. *794 Mulberry St.* St., Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Negro</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Sonnie Alexander</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>September 1894</i> | | |
| 7. AGE <i>42</i> | Years | Months Days |
| 8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <i>Domestic</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0070</i> | | |
| 10. Date deceased last worked at this occupation (month and year) <i>7-3-1936</i> | | 11. Total time (years) spent in this occupation <i>20 yrs</i> |
| 12. BIRTHPLACE (city or town) (State or country) <i>Williamston N.C.</i> | | |
| 13. NAME <i>Nelson Hines</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>Williamston N.C.</i> | | |
| 15. MAIDEN NAME <i>Lottie ?</i> | | |
| 16. BIRTHPLACE (city or town) (State or country) <i>Williamston N.C.</i> | | |
| 17. INFORMANT <i>Edna Alexander (Wang)</i> (Address) <i>799 9th Mulberry St.</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Elizabeth City N.C.</i> Date <i>10-7</i> 1936 | | |
| 19. UNDERTAKER <i>Charles G. Cooper</i> (Address) <i>570 N. Calhoun St.</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-4-36*, 19

22. I HEREBY CERTIFY, That I attended deceased from *9-28*, 1936 to *10-4-36*, 19

I last saw him alive on *10-4*, 1936 Death is said to have occurred on the date stated above, at *11 A* m.

The principal cause of death and related causes of importance were as follows:
Myocardial Infarction

Other contributory causes of importance:
Pulmonary Embolism

Was an operation performed? *yes* Date of *10-1-36*

For what disease or injury? *Ulcer of jejunum*

What test confirmed diagnosis? *Coprol* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? ☒ Date of injury *10-1-36*, 19

Where did injury occur? ☒ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) *J. H. Hines*
 (Address) *University of Md Hospital*

OCT 7 1936

F 27860

F 27860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 89-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Merry Hospital* St. *2-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *14* yrs. *6* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Adam Stray**(STRAYCHAEZ)*If U.S. Veteran
specify WAR(a) Residence: No. *1806 S. Lancaster* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 9, 1922*

| | | | | |
|-----------|----------|-----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>14</i> | <i>6</i> | <i>26</i> | <i>29</i> | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>Student</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town)
(State or country) *Baltimore*

| | |
|--------|--|
| FATHER | 13. NAME <i>Joseph Stray</i> |
| | 14. BIRTHPLACE (city or town) (State or country) <i>Baltimore</i> |

| | |
|--------|---|
| MOTHER | 15. MAIDEN NAME <i>Tina Mack</i> |
| | 16. BIRTHPLACE (city or town) (State or country) <i>Poland</i> |

17. INFORMANT *Mrs. Antonia Strachan*
(Address) *1806 Lancaster St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaus* Date *Oct. 8th 1936*19. UNDERTAKER *George A. Weber*
(Address) *705 S. ...*

CT 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Sept 23, 1936 to Oct. 5, 1936*I last saw him alive on *Oct. 5, 1936* Death is said
to have occurred on the date stated above, at *11.23 p.m.*The principal cause of death and related causes of
importance were as follows:*Brain Abscess*

Date of onset

Unknown

Other contributory causes of importance:

*Purulent Meningitis
Mastoiditis*Was an operation performed? *Yes* Date of *Sept 20, 1936*

For what disease or injury?

*Brain Abscess & Mastoiditis*What test confirmed diagnosis? *Operation* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard H. Pembroke* M. D.(Address) *Merry Hospital, Baltimore*

F 27861

F 27861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#16835

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.2. FULL NAME Fred Holland

If U.S. Veteran

specify WAR

(a) Residence: No. 21 Gorman Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M.5a. If married, widowed, or divorced HUSBAND of Mamie Holland (Riebus) (or) WIFE of6. DATE OF BIRTH (month, day, year) 11-18-18667. AGE Years 69 Months 11 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing 10. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation 45 yrs12. BIRTHPLACE (city or town) Staffordshire (State or country) England13. NAME William Holland14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Anna Morgan16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Western Date Oct 8 193619. UNDERTAKER Thos J. Erving (Address) 1600

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 193622. I HEREBY CERTIFY. That I attended deceased from 9-2 1936 to 10-5 1936I last saw him alive on 10-5 1936 Death is said to have occurred on the date stated above, at 9-40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder

Date of onset

?

Other contributory causes of importance:

Bronchopneumonia24 yrsWas an operation performed? yes Date of 9-10-36For what disease or injury? Carcinoma of bladderWhat test confirmed diagnosis? Cystoscopic an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

W. H. Hoover M. D.

(Address)

Balt. City Hosp.

T 7 1936

F 27862 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27862

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Harford Ave. St. 9-2 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZABETH ROBINSON DEUSSEN

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3406 Harford Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Deussen

6. DATE OF BIRTH (month, day, year) Feb. 19. 1874

7. AGE Years 62 Months 7 Days 17 If LESS than 1 day, hrs. 23 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington Del. (State or country)

13. NAME Albert Nelson Robinson

14. BIRTHPLACE (city or town) Del. (State or country)

15. MAIDEN NAME Annie Cox Money

16. BIRTHPLACE (city or town) Wilmington Del. (State or country)

17. INFORMANT Mr. Henry Deussen (Husband) (Address) 3406 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Wilmington Del. Date Oct. 9. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to Oct. 6 1936 last saw him alive on Oct. 4 1936 Death is said to have occurred on the date stated above, at 6.15 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, left breast

Date of onset

1931

Other contributory causes of importance:

Was an operation performed? yes Date of 1931

For what disease or injury? Carcinoma, breast

Name of operation Amputation Date of 1931

What test confirmed diagnosis? microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon M. D.

(Address) 2810 Taylor Ave.

Hamilton, P. D.

OCT 7 1936

F 27863

E 27863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 13-13 St. 13-13 Ward) lifeLength of residence in city or town where death occurred life yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 ds.2. FULL NAME Threat, Baby BoyRegistered No. 13-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR WAR(a) Residence: No. 2310 McCulloch St.
(Usual place of abode)St. 13-13 Ward. 13-13
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/1/367. AGE Years 3 Months 3 Days 2 If LESS than 1 day, 2 hrs. or 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 600012. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Ernest Threat14. BIRTHPLACE (city or town) 2.
(State or country)15. MAIDEN NAME Nannie Brooks16. BIRTHPLACE (city or town) N. C.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 128 Calverly Ave. Date Oct 7 193619. UNDERTAKER Mrs. P. A. Elliott, daughter
(Address) 128 Calverly Ave.OCT 7 1936 Registrar 146

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/36, 1922. I HEREBY CERTIFY. That I attended deceased from 7/1/36, 19, to 10/3/36, 19.I last saw him alive on 10/3/36, 19. Death is said to have occurred on the date stated above, at 10:45 AM.

The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset

9/29/36

Other contributory causes of importance:

PrematurityAnemia of PrematurityWas an operation performed? no Date of ----For what disease or injury? noneStool CultureWhat test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ----, 19Where did injury occur? ----
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ----Manner of injury ----Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

a gall bladder M. D.(Address) Balto. City Hosp.

27864

F 27864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Myrtle Taylor

If U.S. Veteran

specify WAR

(a) Residence: No. 1625 Elkins Lane

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|--|
| 3. SEX F | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Frank Taylor
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-10-1888

| | | | | |
|--------------|-------|-------------|------------|----------------------------------|
| 7. AGE 48 | Years | Months 5 | Days 25 | If LESS than 1 day, hrs. or min. |
|--------------|-------|-------------|------------|----------------------------------|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME John Clardy

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Annie McCall

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/7/3619. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/36

22. I HEREBY CERTIFY That I attended deceased from 12-27-36 to 10-5-36

I last saw him alive on 10-5-36. Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 10-4-36

Other contributory causes of importance:

Hypertensive Heart Disease

Und

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John F. Rainey
Baltimore City Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

CT 7 1936

F 27865

F 27865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506 Fernwood St., 28 Ward)Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 5506 Fernwood

(Usual place of abode)

Ward. 28

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John J. Hartnett6. DATE OF BIRTH (month, day, year) Aug 18 - 18567. AGE 80 Years 79 Months 1 Days 17 If LESS than 1 day, 18 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stonington (State or country) Conn13. NAME Courant14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Mrs. Louise Hildebrandt (Address) 5506 Fernwood

18. BURIAL, CREMATION, OR REMOVAL

Place Stonington Conn Date Oct 8 193619. UNDERTAKER W. H. Lewis & Sons (Address) North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 193622. I HEREBY CERTIFY, That I attended deceased from Dec., 1934, to October 5, 1936I last saw him alive on October 5, 1936. Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset 1933

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) Egbert H. Mortimer Jr. M. D.(Address) 2801 St Paul St.

OCT 7 1936

F 27866

✓ F 27866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? *3* yrs. *3* mos. *3* ds.

2. FULL NAME

Mr. John Burbage

(a) Residence: No.

*Snow Hill Md.**St.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1905

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

31

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Henry Burbage

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Minnie M. Richardson

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Snow Hill Md.

Date

*Oct 6**1936*

19. UNDERTAKER

Hegene + Dennis

(Address)

Snow Hill

20. FILED

1936

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10 - 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

*10 - 5 - 1936 to 10 - 6 - 1936*I last saw him alive on *10 - 6 - 1936* Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of rt testicle & metastasis to retroperitoneal lymph nodes, liver & lungs, & adrenals.

Date of onset

Other contributory causes of importance:

*Thrombus in inferior vena cava.*Was an operation performed? *Yes*

Date of

Aug. 10, 1936

For what disease or injury?

Inguinal lymph nodes removed in rt.

What test confirmed diagnosis?

Was there an autopsy?

Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Edward P. Cotten, M. D.

(Address)

University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27867

✓ F 27867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 W. Fayette St. St., 70-1 Ward)Length of residence in city or town where death occurred 40 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 40 yrs. 10 mos. 10 ds.

2. FULL NAME

George Griffin Henry

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR _____

(a) Residence: No. 1938 W. Fayette

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora E. Henry6. DATE OF BIRTH (month, day, year) Feb 25 18637. AGE Years 73 Months 7 Days 9 if LESS than 1 day, 9 hrs. or 9 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Police Dept.
10. Date deceased last worked at this occupation (month and year) 1930 40 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Talbot County (State or country) Md.13. NAME Isaac Henry
14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Ann Griffin
16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs. Nora E. Henry (Address) 1938 W. Fayette St.18. BURIAL, CREMATION, OR REMOVAL Balloon Mount Mausoleum Oct 7, 193619. UNDERTAKER William J. Dickner & Sons (Address) North + Pennsylvania Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to October 4, 1936I last saw him alive on October 4, 1936. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

9/24
1936

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? yes Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. B. Hall

M. D.

(Address) 113 W. Franklin St.

FILED 1936

19

RECEIVED

F 27868

✓ F 27868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wd. Gen. Hosp. 16-8* St. *16-8* Ward)Length of residence in city or town where death occurred *23* yrs. *10* mos. *10* ds. How long in U. S. If of foreign birth? *23* yrs. *10* mos. *10* ds.

2. FULL NAME

Miss Sallye Fowler Sallye H. Fowler(a) Residence: No. *615*

(Usual place of abode)

St. *16-8*

Ward.

(If non-resident give city or town and State)

Registered No. *127*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Veteran
Specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Stephen G. Fowler* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Apr 10 - 1867*7. AGE Years *62* Months *6* Days *25* 10 LESS than 1 day, *25* hrs. or *25* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *St Marys* (State or country) *Maryland*13. NAME *John Harper*14. BIRTHPLACE (city or town) *New York* (State or country) *State*15. MAIDEN NAME *Sallye Thompson*16. BIRTHPLACE (city or town) *St Marys* (State or country) *Md*17. INFORMANT *Mr. Alva P. McComas* (Address) *516 Stamford Road*18. BURIAL, CREMATION, OR REMOVAL Place *Coroner* Date *Oct 8, 1936*19. UNDERTAKER *W. P. Stephens* (Address) *North Avenue*7. FILE NO. *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 6, 1936*22. I HEREBY CERTIFY, That I attended/deceased from *9-1-36* 19. to *10-6-36* 19.I last saw him alive on *10-6-36* Death is said to have occurred on the date stated above, at *6-9* a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Cholelithiasis

Date of onset

Other contributory causes of importance:

*Decubitus Ulcers*Was an operation performed? *yes* Date of *2-25-36*For what disease or injury? *Cholelithiasis*Name of operation *Cholecystectomy* Date of *2-25-36*What test confirmed diagnosis *Cholecystitis* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. P. Stephens* M. D.(Address) *Wd Gen Hosp**over*

F 27869

Grav # 24
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27869

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Paw # 4 Pratt St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Unknown St. Unknown Ward. Unknown
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) Unknown

7. AGE About 40 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PublicDate Oct 7

19

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. M.

H. A. M. Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Paw # 4 Pratt

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place PublicManner of injury Crash cause undetermined

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1031 St Paul

7 FILED 1936

F 27870

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27870

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Darby Ave St. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia E. Mc Cue

If U. S. Veteran specify WAR

(a) Residence: No. 1240 Darby Ave St. 9 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Patrick F Mc Cue (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 9 18647. AGE Years 72 Months 2 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Isabel Stonebach14. BIRTHPLACE (city or town) PA (State or country)15. MAIDEN NAME Lydia Stonebach16. BIRTHPLACE (city or town) PA (State or country)17. INFORMANT Anna D' Paula (Address) 1240 Darby Ave18. BURIAL, CREMATION, OR REMOVAL National Cem Date 10/8 193619. UNDERTAKER Robert Brooks Esen (Address) Calhoun & Hollister Sts21. DATE OF DEATH (month, day, year) 10-6-193622. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to October 6, 1936I last saw her alive on October 6, 1936. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast

Date of onset

March '36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Date ofWhat test confirmed diagnosis? Microsc. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

10/6/36(Address) 1331 E North Ave

M. D.

7-1936

Registrar

F 27871

F 27871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1111 W. Lexington* Ward *18-2*)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *1111 W. Lexington* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10.5.36*

7. AGE Years Months Days If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *md*13. NAME *Joseph Edward Mitchell*14. BIRTHPLACE (city or town) *Balto.* (State or country) *md*15. MAIDEN NAME *Sarah Wernley*16. BIRTHPLACE (city or town) *Balto.* (State or country) *md*17. INFORMANT *Joseph Edward Mitchell* (Address) *1111 W. Lexington St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mc. Auburn* Date *Oct 7, 1936*19. UNDERTAKER *Mrs. Katy R. Williams* (Address) *322 N. Broadway St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10.6.36*, 1922. I HEREBY CERTIFY, That I attended deceased from (birth) *10.5.36*, 19 to *10.6.36*, 19I last saw him alive on *10.6.36*, 19. Death is said to have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Intra cranial hemorrhage 10.5.36
Subcutaneous hemorrhage 10.5.36
Asphyxia neonatorum 10.5.36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James M. Fair M. D.
86 S. N. Lexington St.

CT 7 1936

F 27872

F 27872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 W. Lexington St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred—yrs. 2 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James Michael Jackson

(a) Residence: No.

923 W. Lexington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-2-1-36

7. AGE Years 2 Days 14 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Virginia

15. MAIDEN NAME Mary Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Virginia

17. INFORMANT Mary Elizabeth Jackson

(Address) 923 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 7, 36

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-36, 19

22. I HEREBY CERTIFY. That I attended deceased from Sept. 19, 1936 to Oct. 5, 1936

I last saw him alive on Oct. 5, 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Malnutrition
Dysentery-Enteritis

Date of onset

9.19.36

10.1.36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James M. Pair
865 W. Lexington St.

FILED 1936

Attest: [Signature]

✓ F 27873

F 27873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 569 Dolphin St.)

17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 569 Dolphin St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1936

7. AGE Years 3 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Stanley Bristol

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Elizabeth Herbert

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Elizabeth Herbert (Address) 569 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place 118 1st St. Date 10/7/36

19. UNDERTAKER (Address)

20. FILE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute bronchitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

7 1936

27874

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27874

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St., *Hf* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Carl Carter (A)(a) Residence: No. *Halethroe, Md.*

(Usual place of home)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *9 29 36*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *6 days*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Halethroe, Balto. Co. Md.* (State or country)

FATHER

13. NAME *Francis Carter*14. BIRTHPLACE (city or town) *Md.* (State or country)

MOTHER

15. MAIDEN NAME *MONA Heron*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Francis Carter*(Address) *Halethroe, Balto. Co. Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Univ. of Md.* Date *Oct 7, 1936*
Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

d

21. DATE OF DEATH (month, day, year) *Oct 4, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 29, 1936, to Oct 4, 1936*I last saw her alive on *Oct 4, 1936* Death is said to have occurred on the date stated above, at *5:00* m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

*Rh. rh. rh.*Was an operation performed? *NO* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) *H. E. Edwards* M. D.
University Hospital (Address)

25. FILED

1936

19

Registrar

F 27875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *H-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Baby Carl Carter (B)*

(a) Residence: No. *Holthroe* Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 29, 1936*

7. AGE Years Months Days *6* If LESS than 1 day, hrs. or min. *7 days*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) *Holthroe, Balto. Co.* (State or country) *Md.*

13. NAME *Francis Carter*

14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Mona Helen*

16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Francis Carter* (Address) *Holthroe Md.*

18. BURIAL, CREMATION, OR REMOVAL *buried* Date *Oct. 7, 1936*

19. UNDERTAKER *Commissioner of Health* (Address) *Per H. A. Moore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 5* 1936

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 29* 1936, to *Oct 5* 1936

I last saw her alive on *Oct 5* 1936. Death is said to have occurred on the date stated above, at *5:30* a.m.

The principal cause of death and related causes of importance were as follows: *Prematurity*

Other contributory causes of importance: *Quinched*

Was an operation performed? *N/O* Date of For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *N/O*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *N/O*

(Signed) *W. H. Hensley* M. D. (Address) *University Hospital*

7 1936

✓ F 27876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Division St. 14-3 Ward)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Ruth Woodland

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

(a) Residence: No. 2125 Division St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Feb 23, 1932

7. AGE Years 4 Months 7 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child of mother
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto md
(State or country)

13. NAME James woodland

14. BIRTHPLACE (city or town) md
(State or country)

15. MAIDEN NAME Carrie Carr

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT Carrie woodland
(Address) 2125 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place mt calvary cemetery Date Oct 8, 1936

19. UNDERTAKER Wm. E. Nelson
(Address) 303 Presetman St

20. YEAR 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Oct 5, 1936.

I last saw him alive on Oct 5, 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Phthisis Pulmonalis Date of onset Aug '36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 27877

✓ F 27877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E. Fort an. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1414 E. Fort an. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Sydney Shanley

6. DATE OF BIRTH (month, day, year) Oct 4 - 1875

7. AGE Years 61 Months 0 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barrel Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Thomas H. Shanley

14. BIRTHPLACE (city or town) New Haven (State or country) Conn.

15. MAIDEN NAME Mary a Joyce

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Charlotte Shanley wife

(Address) 1414 E. Fort an

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cms. Date Oct 9 1936

19. UNDERTAKER Margaret H. Flynn

(Address) 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936 to Oct 4, 1936

I last saw him alive on Oct 3, 1936 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid Rectum

Date of onset

8 mo

Other contributory causes of importance:

Was an operation performed? Yes Date of operation Jan 23 1936

For what disease or injury? carcinoma of S. & Colon

Name of operation Colostomy Date of 1-23-36

What test confirmed diagnosis? Pathological microscope

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Drs. F. A. Stevens M. D.

(Address) 2878 Harford Rd

FILED 1936

F 27878

F 27878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 2-1* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *325 S. Washington* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male *white* *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 5, 1936*

7. AGE Years Months Days If LESS than 1 day, ... hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *James Kalaki*14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*15. MAIDEN NAME *Helen Bozzer*16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*17. INFORMANT *James Kalaki* (Address) *325 S. Washington St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Rosary* Date *Oct. 8, 1936*19. UNDERTAKER *M. J. Tadovshi & Sons* (Address) *1804 Eastern Ave.*20. *7* 1936 *R. E. F. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 6, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Intussusception (Intestinal obstruction)

Other contributory causes of importance:

*Shock*Was an operation performed? *Yes* Date of *10/6/36*For what disease or injury? *Intestinal obstruction*Name of operation *Sigmoid* Date of *10/6/36*What test confirmed diagnosis? *Quint* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Scheuer* M. D.(Address) *1918 E. North Ave* Coroner

F 27879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-7 St., 16-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma Jane Warrenberger

If U. S. Veteran specify WAR

(a) Residence: No.

3219 Presman

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 7, 1849

7. AGE

87 Years

4 Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country)

Perry Co. Pa.

15. MAIDEN NAME

Maria Fischer

16. BIRTHPLACE (city or town) (State or country)

Hannover Pa.

17. INFORMANT

Joseph E. Warrenberger

(Address)

3219 Presman

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Co. Date Oct. 10, 1936

19. UNDERTAKER

Geo. W. Little

(Address)

2705 Edmondson Ave.

20. F

1936

Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Right Femur

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 9/28, 1936

Where did injury occur? 2731 Edmondson Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place in home

Manner of injury Slipped & fell

Nature of injury Broken hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. H. H.

Coroner

M. D.

(Address)

1215' Hannan

STATE CAUSE OF DEATH IN plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

F 27880

27880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 20-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

William T. Lansinger(a) Residence: No. 2111 W. Saratoga St. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Rose B. Lansinger
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 24, 18717. AGE Years 65 Months 7 Days 11 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musebian

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Francis W. Lansinger14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Cecelia Tyson16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Rose B. Lansinger
(Address) 2111 W. Saratoga St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/8/3619. UNDERTAKER George J. Taylor
(Address) Fulton & Gay Sts.20. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) W. H. H. H.(Address) 2757 W. 11th St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 27881 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27881

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *908 N. Fulton Ave* St., *46-4* Ward)Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *908 N. Fulton Ave* St., *46-4* Ward. *No War Record*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Patrick Henry Myers*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 22, 1846*7. AGE Years *90* Months *7* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Brown Point*
(State or country)13. NAME *Father: Treston Tildon*14. BIRTHPLACE (city or town) *Deland*
(State or country)15. MAIDEN NAME *Bridget Goff*16. BIRTHPLACE (city or town) *Deland*
(State or country)17. INFORMANT *Harry S. Myers*
(Address) *908 N. Fulton Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Mary's Cathedral* Date *10/8* 193619. UNDERTAKER *McIntosh*
(Address) *1217 St. Paul St*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 6, 1936*22. I HEREBY CERTIFY, That I attended deceased from *2-8-36* to *10-6-36*I last saw him alive on *10-5-36* 19 Death is said to have occurred on the date stated above, at *7:30 PM*

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of *no*What test confirmed diagnosis? *physical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed *Dr. J. L. Myers* M. D.(Address) *910 N. Fulton Ave*

OCCUPATION is very important. See instructions on back of certificate.

3

F 27882

F 27882

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 N. Bond St. 8-6 Ward)Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Catherine PorterRegistered No. 92-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record(a) Residence: No. 1742 N. Bond St., 8-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) Widowed5a. If ~~deceased~~ widowed, ~~deceased~~ (or) WIFE of Charles W. Porter6. DATE OF BIRTH (month, day, year) July 12/587. AGE Years 78 Months 3 Days 5 If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) 4/36 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Harford Co Md (State or country)FATHER 13. NAME Harvey Jacob Nichols14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Elizabeth Lutz16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Chas. W. Porter Jr. (Address) 1742 N. Bond St18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Oct 9th 193619. UNDERTAKER Wm Cook (Address) 1217 St. Paul St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th 193622. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934 to Oct 6, 1936I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Dilatation of heartDate of onset 10/14/36

Other contributory causes of importance:

chronic valvular heart10/17/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John W. Sanderson M. D.(Address) 1214 N. Leadenhall St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

VS 3

18 1936

F 27883

F 27883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., 4th Ward)Length of residence in city or town where death occurred 64 yrs. 9 mos. 13 ds. How long in U. S. If of foreign birth? 64 yrs. 9 mos. 13 ds. If U. S. born, specify where born No Record

2. FULL NAME

(a) Residence: No. 1526 N. Spring St., 4th Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced HUSBAND of Mary Schroeder (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 24 - 18717. AGE Years 64 Months 9 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Bernard Schroeder14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Mary Snowman16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT John Schroeder (Address) 1524 N. Spring St18. BURIAL, CREMATION, OR REMOVAL Balto Place Oct 9th Date 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 - 36 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above, 1030 a.m.The principal cause of death and related causes of importance were as follows: Strangulation in Hernal Date of onset Oct 6 - 1936

Other contributory causes of importance:

Was an operation performed? yes Date of Oct 6 - 36For what disease or injury? Hernia Date of 10-7-36Name of operation Herniotomy What test confirmed diagnosis? Operative Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Thos. H. Phillips M. D. Coroner(Address) 1939 Chicomine St

See instructions on back of certificate. OCCUPATION is very important.

OCT 8 1936

F 27884 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27884

CERTIFICATE OF DEATH

14725 45-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15-4 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Faulstich

If U.S. Veteran specify WAR

(a) Residence: No. 1919 Herbert St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louretta Faulstich

6. DATE OF BIRTH (month, day, year) 12-12-1882

7. AGE Years 53 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation known

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John (D) H. Faulstich

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Carrie Zeigler

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 1214 St. Paul

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1936 to 10-6, 1936

I last saw him alive on 10-6, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right tonsil with extensive metastases Date of onset 6 mo.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

Signed: W. A. Hoover M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

OCT 8 1936

F 27885

F 27885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 E. Preston St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

John P. RileyIf U. S. Veteran specify WAR No Record

(a) Residence: No.

808 E. Preston St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word) Married6a. If married, ~~widowed or divorced~~ HUSBAND of Annie Lee Riley

6. DATE OF BIRTH (month, day, year)

Sept 18th 18647. AGE Years 72 Months 0 Days 18 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, Structural Foreman
9. Industry or business in which work was done, Building
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation 3 mo12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Riley14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Stinson16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Annie Lee Riley
(Address) 808 E. Preston St18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 8th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th 193622. I HEREBY CERTIFY. That I attended deceased from July 8 1936 to Oct. 6 1936I last saw him alive on Oct 6 1936 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
cardio-vascular renal
disease

Date of onset

???

Other contributory causes of importance:

hypertrophic prostateWas an operation performed? No Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify —(Signed) Samuel L. Williams M. D.(Address) 708 E. Preston St.

OCT 8 1936

F 27886

F 27886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Berton St. St., 14-1 Ward)Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 20 yrs. 4 mos. 4 ds.

2. FULL NAME

Miss Mary Agnes Edelen

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1522 Berton

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1885

| | | | |
|------------------------|-----------------|----------------|--|
| 7. AGE <u>51</u> Years | Months <u>6</u> | Days <u>18</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-----------------|----------------|--|

| | | |
|------------|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME A. H. Edelen14. BIRTHPLACE (city or town) Prince Geo's C. Md
(State or country)15. MAIDEN NAME Minnie Thompson16. BIRTHPLACE (city or town) Barto - Md
(State or country)17. INFORMANT Sister - Carmelite Edelen
(Address) 1522 Berton St. Baltimore18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date Oct 8, 193619. UNDERTAKER H. H. Jenkins & Sons
(Address) McCue St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936 to Oct 6, 1936I last saw her alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

Chl. Endocarditis

Date of onset

19/6

Other contributory causes of importance:

Ac. Bronchitis
Broncho. Pneumonia9/30/3610/7/36Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Physiologic Date of NoWhat test confirmed Physiologic Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature)

J. W. Edwards

M. D.

(Address)

190. E. Tow Place

OCCUPATION is very important. See instructions on back of certificate.

FILED

Register

F 27887

F 27887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Presetman St., 15-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1713 Presetman St., 15-Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE 38 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leharer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Hally

14. BIRTHPLACE (city or town) (State or country) Martinsburg

15. MAIDEN NAME Martha Williams

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John Hally

(Address) 1348 Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place M.E. #48414 Date 10/8 1936

19. UNDERTAKER R.L. RICHARDSON, INC.

(Address) 1120 ORCHARD HILL AVE

20. FILER 1550

R.C. E. Mc...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came

obtained by said (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stab. Throat wound causing avillary artery

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 10/4/1936

Where did injury occur? 1713 Presetman St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place in home

Manner of injury Stabbed with pocket knife

Nature of injury Stabbed with knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C.H. Allen

(Address) 1215 Hanover

Coroner M. D.

F 27888

F 27888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Daniel Hill Ave. Ward)

Length of residence in city or town where death occurred: 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1109 N. Daniel Hill Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years 42 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beauford SC

13. NAME Father: Anthony Burns Jr.

14. BIRTHPLACE (city or town) (State or country) Beauford SC

15. MAIDEN NAME Mother: Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT (Address) 1109 N. Daniel Hill Ave

18. BIRTH INFORMATION OR REPORT (Place) 1109 N. Daniel Hill Ave Date 10/8/36

19. UNDERTAKER (Address) RICHARDSON, INC. 1124 N. KENNEDY HILL AVE.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tuberculosis

Date of onset

Aug 1, 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

F 27889

F 27889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) St. 18 - Ward

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 17522

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Minnie Nannie Monroe

If U.S. Veteran
specify WAR(a) Residence: No. 1006 Sarah Ann St.
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of Andrew
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/1879 3-15-1887

7. AGE Years 49 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Zack Blake

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Dacey

16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 10, 1936

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 A Schrock St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1936 to 10-6 1936

I last saw him alive on 10-6 1936 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Meningitis

Date of onset 10-4-36

Other contributory causes of importance:

Staphylococcus Breast Abscess Mmk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. F. Rainey M. D.

(Address) Baltimore City Hospital

F 27890

F 27890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 2-3 Ward)Length of residence in city or town where death occurred 1 1/2 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 1 mos. 0 ds.2. FULL NAME Joseph William Ruzkiewicz

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 807 South Bond St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) Aug. 20 19367. AGE Years Months Days If LESS than 1 day,hra. ormin. 2 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baeta13. NAME Joseph Ruzkiewicz14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Josephine Bystry16. BIRTHPLACE (city or town) (State or country) Baeta17. INFORMANT Joseph Ruzkiewicz (Address) 807 S Bond St. 2

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Oct 9 193619. UNDERTAKER Fred W. Czajewski (Address) 1930 Eastern Ave.20. FILED 1936 10 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 6 193622. I HEREBY CERTIFY, That I attended deceased from 10 - 6 1936 to 10 - 7 1936.I last saw him alive on 10 - 7 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, bilateralDate of onset 10-5-36

Other contributory causes of importance:

Diarrhea, non-specific
Dehydration, acute

9-22-36

10-5-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Edward J. Holz M. D.(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

CT 8 1936 10 10

F 27891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 76-6* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Robert Brown*(a) Residence: No. *5603 O'Donnell* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *June 14 1936*

| | | | | |
|--------|----------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>3</i> | <i>1</i> | <i>23</i> | |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | 11. Total time (years) spent in this occupation <i>None</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Walter C. Brown*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*15. MAIDEN NAME *Wojcieszko*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *Walter Brown*
(Address) *5603 O'Donnell St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Cornel.* Date *Oct 9 - 36*19. UNDERTAKER *Fred W. Wojcieszko*
(Address) *1930 E. Lombard Ave.*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 7*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 2*, 19*36*, to *Oct. 7*, 19*36*I last saw him alive on *Oct. 7*, 19*36*. Death is said to have occurred on the date stated above, at *8 10* ^{*10*}/_{*8*} m.

The principal cause of death and related causes of importance were as follows:

Dysentery

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *H. Austrary* M. D.(Address) *St. Joseph's Hosp.*

18 1936 _____

27892

F 27892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 m Cullewell St 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 - 19367. AGE Years Months Days If LESS than 1 day, hrs. or min. 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Charles J. Jander14. BIRTHPLACE (city or town) (State or country) Ind15. MAIDEN NAME Martha B. Jander16. BIRTHPLACE (city or town) (State or country) Ind17. INFORMANT Martha Jander (Address) 1023 m Cullewell St18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 10/8/193619. UNDERTAKER Mrs. Frances A. Hemmick (Address) 578 W. Bedell St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) obtained by inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Certussin -
Ephedrin -
Date of onset Sept 15 1936

Other contributory causes of importance:

Was an operation performed? no Date ofFor what disease or injury? noName of operation no Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Allen M. D.(Address) 507 Annapolis St

See instructions on back of certificate.

OCCUPATION is very important.

v s e

CT 8 1936

27893

F 27893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *414 N. Carey St.* St., *19-1* Ward)Registered No. *130*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: *414 N. Carey St.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie Gray*6. DATE OF BIRTH (month, day, year) *July 26, 1888*7. AGE Years *48* Months *2* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *wood*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Calvert Co. Md.* (State or country)13. NAME *Charles H. Gray*14. BIRTHPLACE (city or town) *Calvert Co. Md.* (State or country)15. MAIDEN NAME *Eliza Maple*16. BIRTHPLACE (city or town) *Calvert Co. Md.* (State or country)17. INFORMANT *Mrs Annie Gray*(Address) *414 N. Carey St.*18. BURIAL, CREMATION, OR REMOVAL *Brooks Chapel Md.* Date *10/9/1936*19. UNDERTAKER *Mrs Frances A. Hemmelp*(Address) *578 W. Biddle St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/6/36*22. I HEREBY CERTIFY That I attended deceased from *10/4/36* 19*36* to *10/6/36* 19*36*I last saw him alive on *10-6-36* 19*36* Death is said to have occurred on the date stated above, at *2:45* m.

The principal cause of death and related causes of importance were as follows:

Edema Pulmonary

Other contributory causes of importance:

*Acute Pyelonephritis*Was an operation performed? Date of *yes*

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. J. Halcher* M. D.(Address) *1225 P. Ave*

OCCUPATION is very important. See instructions on back of certificate.

27894

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27894

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. *5* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Shirley Hammond(a) Residence: No. *Hanover, Md.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *—*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *Dec 10-1935*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *9 mos. 27*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *—*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*10. Date deceased last worked at this occupation (month and year) *—*11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town) *Hanover, Md.* (State or country)13. NAME *Alban Hammond*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Erene Jackson*16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Erene Hammond* (Address) *Hanover, Md*18. BURIAL, CREMATION, OR REMOVAL Place *St. Marks* Date *Oct 8, 1936*19. UNDERTAKER *James A. Hayes* (Address) *142 W. Hill St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 7*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *OCT. 2*, 19*36* to *OCT. 1*, 19*36*I last saw her alive on *OCT. 7*, 19*36* Death is said to have occurred on the date stated above, at *4:15* pm.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset

Sept 12, 1936

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *—*, 19*—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *—*(Signed) *J. Kennedy* M. D.(Address) *University Hospital*

OCCUPATION is very important. See instructions on back of certificate.

CT 8 1936

27895

HEALTH DEPARTMENT—CITY OF BALTIMORE 27895

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1674 Division St. Ward 14-2)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clara HillRegistered No. 107-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

1674 Division St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race R. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Hill

6. DATE OF BIRTH (month, day, year)

12/20/1874

7. AGE

62

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa.

MOTHER FATHER

13. NAME

Thos. Hill

14. BIRTHPLACE (city or town) (State or country)

Pa.

15. MAIDEN NAME

Louise Hill

16. BIRTHPLACE (city or town) (State or country)

Pa.

17. INFORMANT

(Address)

William Hill1674 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Johns

Date

10-8-

1936

19. UNDERTAKER

(Address)

Mr. J. H. Hall1674 Division St.

20. FILED

19

OCT 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/36 19

22. I HEREBY CERTIFY, That I attended deceased from

10/1/36 19 to 10/1/36 19I last saw him alive on 10/1/36 Death is saidto have occurred on the date stated above, at 774 Am

The principal cause of death and related causes of importance were as follows:

Bronchitis

Other contributory causes of importance

General debility

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed Aspirin as there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

A. The Slab M. D.

(Address)

624 N. Mohr

F 27896

F 27896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lancaster Hospital St. 7-3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1614 Lancaster* St., Ward. (Usual place of residence) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 31 1936*7. AGE Years Months Days *2 7 6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *Thomas Dyba*14. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)15. MAIDEN NAME *Julia Baran*16. BIRTHPLACE (city or town) *Highbridge N.Y.* (State or country)17. INFORMANT *Thomas Dyba* (Address) *1614 Lancaster St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaw* Date *Oct 8 1936*19. UNDERTAKER *John M. Weber* (Address) *401 St. Charles*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 7 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 2 1936* to *October 7 1936*I last saw him alive on *October 7 1936*. Death is said to have occurred on the date stated above, at *8:30* m.

The principal cause of death and related causes of importance were as follows:

meningococcus meningitis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clin.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Paul H. Brown* M. D.(Address) *St. Joseph's Hospital*

Registrar.

CT 8 ED 1936

F 27897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27897

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University of Md. Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ralph Hawkins(a) Residence: No. *Haver de Grace, Md. St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jennie Hawkins*6. DATE OF BIRTH (month, day, year) *1908*7. AGE Years *28* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *William Hawkins*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Georgie Waters*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Mrs. Jennie Hawkins* (Address) *Haver de Grace Md*18. BURIAL, CREMATION, OR REMOVAL Place *Haver de Grace Md* Date *10/9/1936*19. UNDERTAKER *Frances A. Hensley* (Address) *578 W. Tridell St.*20. REGISTRAR *Hubert W. Williams*

8. OCT 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 8, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 21, 1936* to *Oct. 8, 1936*I last saw him alive on *Oct. 7, 1936* Death is said to have occurred on the date stated above, at *2:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Hodgkin's Disease

Date of onset

Other contributory causes of importance:

Bronchial pneumonia
*Bilateral*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Norman Albrecht* M. D.(Address) *University Hospital*

F 27898

F 27898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

Registered No. 17574

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME William Bensley

If U.S. Veteran
specify WAR.....(a) Residence: No. 903 Harden Ct.
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/13/1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

roofing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME John Bensley

14. BIRTHPLACE (city or town) Switzerland
(State or country)

15. MAIDEN NAME Helen Clark

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place My Oliver Cemetery Date Oct 8th 1936

19. UNDERTAKER Charles P. Towell
(Address) 34 & 1 E. Monument Ave20. Attest: William H. Williams, M.D.
Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1936, to 10-6, 1936

I last saw him alive on 10-6, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lung Abscess - multiple

Date of onset 10-4-36?

Other contributory causes of importance:

Chronic Alcoholism

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

CT 8 1936

OCCUPATION is very important. See instructions on back of certificate.

E 27900

F 27900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Ridgely St. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pauline Caroline Sackhoff

(a) Residence: No. 924 Ridgely St. St. Ward. (If non-resident give city or town and State.)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 8a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) December 29, 1866 | | |
| 7. AGE | Years 69 | Months 9 |
| | Days 7 | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Albert Sackhoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hulda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Theodore H. Sackhoff
(Address) 924 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date October 8, 1936

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936 to Oct 6, 1936

I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

chronic rheumatic arthritis
chronic myocarditis
chronic interstitial nephritis

Date of onset

1929
1934
1935

Other contributory causes of importance:

cardiac failure

10/4/36

Name of operation None Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George H. Kuiper
5030 Edmonson Ave.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 27901 HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E 23rd St., 17-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ____ ds. How long in U.S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Gilbert D Sears

(a) Residence: No. 505 Hainer Ave. 505 Horner Ave., Clarksburg, W. Va.
St., ____ Ward, ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Hilda L. Sears
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 30, 1881

7. AGE Years 55 Months - Days 7 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year) December 1935 11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) Greenfield
(State or country) Ind.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. Gilbert H. Sears
(Address) 1027 Columbia Blvd., Charleston, W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksburg, W. Va. Date October 8, 1936

19. UNDERTAKER W. H. Hook
(Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Oct 7, 1936

I last saw him alive on Oct 7, 1936 death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Partial intestinal obstruction
Intestinal stasis
Intestinal adhesions

Date of onset Jan 36

Other contributory causes of importance:

Emotion

Jan 36

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Wa.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) G. M. Suter M. D.

(Address) 100 E 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

CT 8 FILED 1936

Registrar

F 27902

✓ F 27902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Mura St. 7-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) June 18 1883

7. AGE

Years 53

Months 3

Days 19

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Panzer

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Anna Hamburger

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Philip E. Panzer (Address) 2219 Mura St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 10 1936

19. UNDERTAKER Math W. E. Duppre (Address) 37 S. Ann St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1936 to Oct 7 1936

I last saw h. in alive on Oct 6 1936 Death is said

to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation Physical signs Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Weaver

(Address) 1301 N. Pat Ave

M. D.

OCCUPATION is very important. See instructions on back of certificate.

8

1936

F 27903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27903

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward) life

Registered No. 5506

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Terrance M. Connolly

If U.S. Veteran
Specify WAR

(a) Residence: No. 655 W. Baltimore St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Feb 9 - 1888

7. AGE Years 78 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Patrick Connolly

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Margaret Quinn

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Date Oct 9 - 193619. UNDERTAKER Martin W. E. Duppel
(Address) 318 E. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 - 1936

22. I HEREBY CERTIFY. That I attended deceased from 7 - 1, 1936 to 10 - 7, 1936

I last saw him alive on 10 - 7, 1936 Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 9-29-36

Other contributory causes of importance:

Diarrhoea (non-specific) unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes, specify

(Signed) John J. Rainey

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

T 8 1936

F 27904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16851 Ward) 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth 39 yrs. mos. ds.2. FULL NAME Charles TiedkeIf U.S. Veteran
specify WAR(a) Residence: No. 607 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary Tiedke
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-28-18777. AGE Years 59 Months Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Fred Tiedke14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harbath Memorial 10/9/193619. UNDERTAKER W. A. Moran
(Address) 3000 E. Baltimore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6, 1936

22. I HEREBY CERTIFY. That I attended deceased from

March 1936 to 10-6, 1936
Readmitted 9-2-36 I last saw him alive on 10-6, 1936 Death is saidto have occurred on the date stated above, at 12:35 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

1 yr.

Other contributory causes of importance:

Insanitation6 mo.Was an operation performed? yes Date of 4-14-36For what disease or injury? Carcinoma of stomachWhat test confirmed diagnosis? operation & autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. A. Moran M. D.(Address) Balt. City Hosp.

CT 6 1936

F

27905

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27905

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350) Charles St. 27-6 Ward

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5404 Fair Lakes Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Schmidt

6. DATE OF BIRTH (month, day, year) June 4 - 1864

7. AGE Years 72 Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 60 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Gustav H Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Jettner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elsie Schmidt (Address) 5404 Fair Lakes Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Am Date Oct 10 1936

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Oct 7 1936

I last saw him alive on Oct 5 1936 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Insufficiency
Arterial Hypertension
General Atherosclerosis

Date of onset

24 yrs

Other contributory causes of importance

Cardiac Dilatation 1 day

Was an operation performed? no Date of

For what disease or injury?

Pharyngeal Exostosis

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) Albert K. Rosenberg M. D.

(Address) 2015 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

27906 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27906

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-7 Ward)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Legg

If U.S. Veteran

specify WAR

(a) Residence: No. 2829 Huntington Ave.

St., 12-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Legg

6. DATE OF BIRTH (month, day, year) 7-27-1864

7. AGE Years 71 Months 2 Days 8 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME William Legg

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Anna White

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. 7 Md.

Date Oct. 8

1936

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILE 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936 to 10-5, 1936

I last saw h. l. m. alive on 10-5, 1936 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Multiple Cerebral Thromboses Date of onset 9-24-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John L. Rainey M. D.
Baltimore City Hospital

(Address)

F 27907

17544

F 27907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathews Evans

(a) Residence: No. 129 N. Central Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 / 1895

7. AGE Years 41 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME Moses Evans

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Mattie Morgan

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Commissioner of Health Date Aug 8 1936

19. UNDERTAKER

(Address) Per H. A. Moore

8. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-36 19

22. I HEREBY CERTIFY, That I attended deceased from 9-29-36 19 to 10-2-36 19

I last saw him alive on 10-2-36 19 Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

Status epilepticus

Date of onset

9-29-36

Other contributory causes of importance:

Alcoholism, starvation, exhaustion

Unk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

J. P. Reynolds Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

17604

✓ F 27908

F 27908 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME Sampson CampbellIf U.S. Veteran
specify WAR(a) Residence: No. 708 Dolphin St. St. 17-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5-20-18617. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 ? 4 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Henry14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Hannah Clayton16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Unm. of Md. Date Oct. 8
Commissioner of Health19. UNDERTAKER
(Address)Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3, 193622. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936 to 10-3, 1936I last saw him alive on 10-3, 1936 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Benign hypertrophy of prostate with urinary retention & uraemiaDate of onset ?

Other contributory causes of importance:

Was an operation performed?

yes, Date of 10-1-36
urinary retention

For what disease or injury?

What test confirmed diagnosis?

physical yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. Hooper
Balt. City Hosp.

M. D.

8 1936

Sept. 10, 1936
H

OCCUPATION is very important. See instructions on back of certificate.

27909

1268-9

✓ F 27909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. 39th St., 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Peter F. Conroy

If U. S. Veteran

specify WAR

(a) Residence: No.

6 E. 39th

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary L. Ryan

6. DATE OF BIRTH (month, day, year) -----

| | | | | |
|--------|-----------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>72</u> | --- | --- | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland13. NAME Not obtainable14. BIRTHPLACE (city or town)
(State or country) Not obtainable

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. Mary L. Conroy
(Address) 6 E. 39th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 10/9 1936

19. UNDERTAKER

(Address) 805 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis
coronary occlusion

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

Coroner

M. D.

(Address)

Registrar

OCT 8 1936

F 27910

F 27910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Loch Raven Rd. 9-4 Ward)Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2824 Loch Raven Rd. St. 9-4 Ward. 9-4
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Virginia Baker
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 28 '557. AGE Years 80 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Retail Tailor
9. Industry or business in which work was done, as alk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Balto
(State or country) Md.13. NAME John G. Baker14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mrs. Virginia Baker
(Address) 2824 Loch Raven Rd.18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Oct. 9 '3619. UNDERTAKER Stephen J. Fralkowski
(Address) 1000 S. Pennsylvania AveT 8. 1936 John G. Baker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/36, 193622. I HEREBY CERTIFY, That I attended deceased from 9/28/36, 1936 to 10/6/36, 1936I last saw him alive on 10/6/36, 1936. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Myocarditis

Date of onset

10 days
1 year

Other contributory causes of importance:

Arteriosclerosis1 year

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: 20 Date of injury, _____, 1936

Accident, suicide, or homicide? _____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 20 If so, specify _____(Signed) Thomas J. White M. D.(Address) 502 E. 22nd St.

STATE CAUSE OF DEATH IN PART VISIBLE. See instructions on back of certificate. OCCUPATION is very important.

F 27911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27911

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St., *156* Ward) *127*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *72* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Caughy

If U.S. Veteran

specify WAR

(a) Residence: No.

41 47 Park Heights Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of

Mr. Mary Caughy

6. DATE OF BIRTH (month, day, year)

Jan. 27, 1864

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*72**8**10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

London Park Cemetery

10. Date deceased last worked at this occupation (month and year)

1931

11. Total time (years) spent in this occupation

25

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Noah W. Caughy

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Mary J. Forney

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Wing. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral

Date

10/10

1936

19. UNDERTAKER

(Address)

*G. Vernon Lewis
4111 Park Heights Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 7*, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 31

1936, to

Oct. 7

1936.

I last saw him alive on *Oct. 7*, 1936. Death is said to have occurred on the date stated above, at *7.55 P.m.*

The principal cause of death and related causes of importance were as follows:

Electrician Bronchopneumonia

Date of onset

9/27/36

Other contributory causes of importance:

none

Was an operation performed?

yes

Date of

Sept. 26, 1936

For what disease or injury?

*Prostatic Hypertrophy*What test confirmed diagnosis? *operation* as there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Raymond J. Lipin

M. D.

(Address)

Mary Hospital, Baltimore

25. FILED

1936

OCCUPATION is very important. See instructions on back of certificate.

(Organ)

✓ F 27912

F 27912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Mount St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 9 yrs 7 mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1034 N. Mount St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race Colored 5. Single, married, or divorced (Write the word)

5a. If married, widowed, or divorced HUSBAND of George Thomas Oryane (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 5 1875

7. AGE Years 61 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) Apr. 1 1934 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (city or town) (State or country) Va. Garrettts

13. NAME David Garrettts

14. BIRTHPLACE (city or town) (State or country) Va. Garrettts

15. MAIDEN NAME Clementine Brown

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Ruth Thomas Underwood

(Address) 1034 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg, Va. Oct 11 1936

19. UNDERTAKER Charles H. Chapman

(Address) 1200 M. St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1936

22. I HEREBY CERTIFY That I attended deceased from July 1 1936 to Oct 7 1936

I last saw him alive on Oct 7 1936 Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency 1935

Other contributory causes of importance: Senility

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None

Date of Injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. E. Bell

(Address) 713 N. Belmont St.

8 1936

3 F 27913

F 27913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Alma Williams

(H) Residence: No. _____

Rt 1 Alexandria

Ward. 6a

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year) 11/23/18

7. AGE Years 17 Months 10 Days 15 1/2 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fergus

13. NAME Henry Williams 14. BIRTHPLACE (city or town) (State or country) Fergus

15. MAIDEN NAME Mary Webb 16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Record 19. Date Oct 9 '36

19. UNDERTAKER Mrs. Geo. H. Holland (Address) 1631 Reed Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 5, 1936 to Oct 8, 1936

I last saw him alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 12:47 P.M.

The principal cause of death and related causes of importance were as follows:

Increased intracranial pressure from edema of brain

Date of onset 6 mo ago?

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 7, 1936

For what disease or injury? Increased intracranial pressure

What test confirmed diagnosis? Ophthalmoscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) James Monroe Mason M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

T 8 1936

R. L. Williams

27014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27914

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 11-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *64* yrs. *1* mos. *1* da. How long in U. S. If of foreign birth? *64* yrs. *1* mos. *1* da.

2. FULL NAME

*Charles R. Greenfield*If U.S. Veteran specify WAR *No Record*(a) Residence: No. *17 E. Center St.* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Clarissa Greenfield*6. DATE OF BIRTH (month, day, year) *Sept 30, 1871*7. AGE Years *64* Months *9* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hotel* 10. Date deceased last worked this occupation (month and year) *7/6/36* 11. Total time (years) spent in this occupation *14*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William F. Greenfield*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Clarissa Sullivan*16. BIRTHPLACE (city or town) *unknown* (State or country)17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Old St.* Date *Oct 10* 193619. UNDERTAKER *Wm. C. Paul* (Address) *1217 St. Paul*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 8* 193622. I HEREBY CERTIFY, That I attended deceased from *Sept. 17, 1936* to *Oct. 8* 1936I last saw him alive on *Oct. 8, 1936* Death is said to have occurred on the date stated above, at *2:15* p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Was an operation performed? *yes* Date of *Sept 26, 1936*For what disease or injury? *Carcinoma of Rectum - colostomy being performed*What test confirmed diagnosis? *imperfect* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify(Signed) *Raymond J. Tappin*(Address) *Mercy Hospital, Baltimore*

OCCUPATION is very important. See instructions on back of certificate.

CT 9 1936

27915

HEALTH DEPARTMENT—CITY OF BALTIMORE

27915

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *621 N. Fulton Ave* Ward *16-3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Harry F. Sweet*If U. S. Veteran specify WAR *No Record*

(a) Residence: No.

621 N. Fulton Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) *Married*5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of *Nattie E. Sweet*6. DATE OF BIRTH (month, day, year) *Oct 26th 1884*7. AGE Years *51* Months *11* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Judge Keith's*10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *5*12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*13. NAME *Charles Sweet*14. BIRTHPLACE (city or town) *Portland* (State or country) *Maine*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Balto* (State or country) *MD*17. INFORMANT *Nattie E. Sweet* (Address) *621 N. Fulton Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *Oct 10th 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul st*20. FILED *1936* *At City of Baltimore, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 7th 1936*22. I HEREBY CERTIFY, That I attended deceased from *May 1* 19*36* to *Oct 7* 19*36*I last saw him alive on *Oct 4* 19*36* Death is said to have occurred on the date stated above, at *11 P* m.

The principal cause of death and related causes of importance were as follows:

*Pulmonary Tuberculosis
Chronic Fibrous Type*

Other contributory causes of importance:

Coronary dilatation

Date of onset

Was an operation performed? *no* Date of *no*For what disease or injury? *no*Name of operation *Electrical* Date of *no*What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *B. P. French* M. D.(Address) *4329 Arundel Ave*

27916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27916

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* *2-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* da.

2. FULL NAME

Philip M. O'Bryan

If U.S. Veteran

specify WAR

No Record

(a) Residence: No.

5 St. Martin's Rd St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Clara O'Bryan*6. DATE OF BIRTH (month, day, year) *Feb. 10, 1884*7. AGE Years *52* Months *87* Days *28* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Real Estate*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *District of Columbia*13. NAME *Philip M. O'Bryan*14. BIRTHPLACE (city or town) (State or country) *District of Columbia*15. MAIDEN NAME *Margaret Macy*16. BIRTHPLACE (city or town) (State or country) *Buna*17. INFORMANT *W. M. Macy* (Address) *Baltimore, Md.*18. BURIAL, CREMATION, OR REMEMBRANCE *Greenwood Wash. D.C.* Date *Oct 10, 1936*19. UNDERTAKER *Wm Cook* (Address) *127 St Paul st*20. FILED *At-Register*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-8-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *10-4-36*, 19 to *10-8-36*, 19I last saw him alive on *10-8-36*, 19. Death is said to have occurred on the date stated above, at *10:45 AM*.

The principal cause of death and related causes of importance were as follows:

Britonitis

Date of onset

9-27-36

Other contributory causes of importance:

*apparent abrasions**9-27-36*Was an operation performed? *Yes* Date of *10-4-36*For what disease or injury? *apparent abrasions*
*ruptured appendix*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Lawrence H. Mills, M.D.*(Address) *Mercy Hospital*

OCCUPATION is very important. See instructions on back of certificate.

F 27917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *10-2* Ward)Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Lincoln Magazine(a) Residence: No. *817 Ashland Ave.* St. *10-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *Occ.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *40* Months Days If LESS than
1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

William

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Catherine Lewis

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

William Lewis

(Address)

1224 E. Bayview St

18. BURIAL, CREMATION, OR REMOVAL

Place

Md (Calvary) Date *10/10/36*

19. UNDERTAKER

(Address)

William Lewis
1224 E. Bayview St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 7*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Aneurysm of Aorta (Arterio)
Arterio Myocarditis*

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? *bleed* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Wheeler

(Address)

1918 E. North Ave

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 9 1936

27918

HEALTH DEPARTMENT—CITY OF BALTIMORE

27918

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John Arthur Upshur(a) Residence: No. 416 Fort Washington Ave.

(Usual place of abode)

Ward. N. Y. City

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conway Casey6. DATE OF BIRTH (month, day, year) 4/29/18817. AGE Years 75 Months 5 Days 8 LESS than day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. or adjuter
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Va13. NAME John A. Upshur14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Mrs. Sheppard16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Reuben E. F. Plator(Address) 60 Broad St. N. Y.18. BURIAL, CREMATION, OR REMOVAL Fort Lincoln CemeteryPlace of burial Princeton, N. J.19. UNDERTAKER John O. Mitchell(Address) 1900 E. E. Plator

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-7, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Oct-7, 1936I last saw him alive on Oct-7, 1936 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset June 1936

Other contributory causes of importance:

Peritonitis from gastric impaction from gastroenterostomyWas an operation performed? Yes Date of 9/10/36For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) D. Hooker

M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 9 1936

27919

25-A Co.-200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27919

CERTIFICATE OF DEATH.

REGISTERED NO. 107-a

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hosp. St. 7-3 Ward)

2-FULL NAME

(a) RESIDENCE NO. 606 N. Woodford Ave. St. _____ Ward _____(Usual place of abode)
Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If non-resident give city or town and State)
How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year)

Aug. 24-1935

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

Richard E. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

Eleanor Briggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)Richard E. Smith
606 N. Woodford Ave.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8. 1936

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.)

and that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumo-pneumonia
(Pneumonia)

(duration) _____ yrs. _____ mos. _____ d.

CONTRIBUTORY (Secondary)

(Signed) Paul M. Schermer (Coroner)

, 19 (Address) 1919 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Balt. Cemetery

C. Miller & Son.

Date of Burial

Oct 9 1936

ADDRESS

2334 J. J. J.

OCT 9 1936

tion should be carefully supplied. Age should be stated EXACTLY. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. very important.

F 27920

✓ F 27920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Linai Hospital* St., *15-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S. If of foreign birth *7* yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1446 N. Fulton* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lester*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *23* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Heuring Run* Date *10-11* 19 *36*19. UNDERTAKER *John J. Lewis Inc.* (Address) *1143 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 8*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Sept 19*, 19 *36*, to *Oct 8*, 19 *36*I last saw him alive on *Oct. 8*, 19 *36* Death is said to have occurred on the date stated above, at *11:55* A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Hypertension
Cerebral hemorrhage

Date of onset

Sept 12, 36

Other contributory causes of importance:

Was an operation performed? *No* Date of *Oct. 8, 19 36*

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19 *36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Daniel Wilson Jr.* M. D.
(Address) *Linai Hospital*

OCCUPATION is very important. See instructions on back of certificate.

CT 9 1936

F 27922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27922

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 24-2 St. 1116 Ward)

Registered No. 16542

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William WilliamsIf U.S. Veteran
specify WAR(a) Residence: No. 1430 Jackson St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12/12/1880

| | | | | |
|---------------------|--------------------|--------------------|-------------------|--|
| 7. AGE 55 | Years 55 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min. |
|---------------------|--------------------|--------------------|-------------------|--|

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **Laborer**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) **Balto.**13. NAME **Daniel Williams**14. BIRTHPLACE (city or town)
(State or country) **Balto.**15. MAIDEN NAME **Margaret Whalen**16. BIRTHPLACE (city or town)
(State or country) **Balto.**17. INFORMANT **Hospital Records**
(Address) **Annie Valley 1436 Jackson St.**

18. BURIAL, CREMATION, OR REMOVAL

Place **Holy Cross Hospital** Date **Oct 10, 1936**19. UNDERTAKER **John F. Denney**
(Address) **715 Long St.**

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 193622. I HEREBY CERTIFY, That I attended deceased from
8-20, 1936 to 10-7, 1936.I last saw him alive on 10-7, 1936 Death is said
to have occurred on the date stated above, at 330 p.m.The principal cause of death and related causes of
importance were as follows:
Carcinoma of Lung (Primary)Date of onset
June '35

Other contributory causes of importance:

Was an operation performed? **NO**

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? **Yes**23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John F. Rainey, M.D.
Baltimore City Hospital

state cause of death in plain terms, so that it may be properly translated. See instructions on back of certificate.

OCT 9 1936

F 27923

✓ F 27923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *624 W. Biddle* St. *17-1* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Henry Sears*

If U. S. Veteran specify WAR

(a) Residence: No. *624 W. Biddle*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cal* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *about 50*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *St. Marys Pa*

13. NAME *Henry Sears* 14. BIRTHPLACE (city or town) (State or country) *St. Marys Pa*

15. MAIDEN NAME *Rachel* 16. BIRTHPLACE (city or town) (State or country) *St. Marys Pa*

17. INFORMANT (Address) *558 Mt. Auburn*

18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *Oct 9, 1936*

19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *322 S. Calver St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 6, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Haines* Coroner(Address) *145 Haines St.*

M. D.

OCT 9

1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S S

F 27924 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Kathland Ave 28-2 Ward)

Length of residence in city or town where death occurred: 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Evan. A. Heinz

(a) Residence: No. 4308 Kathland Ave St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Margaret M. Heinz (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28 1861

7. AGE Years 75 Months 0 Days 10 If LESS than 1 day, 0 hrs. 0 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME Not known

14. BIRTHPLACE Not known (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE Not known (State or country)

17. INFORMANT Margt M. Heinz (Address) 4308 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL

London Park Date 10-10-36

19. UNDERTAKER Mrs Chas A G Rohde (Address) 2327 Edmondson Ave

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Oct 7 1936

I last saw him alive on Oct 7 1936 Death is said to have occurred on the date stated above, at 11 38 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

About
Jan 1935

Other contributory causes of importance:

Arterio-sclerosis

1926

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed)

(Address) 2220 Garrison

M. D.

OCCUPATION is very important. See instructions on back of certificate.

1936

F 27925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27925

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 Division St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1339 Division St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 66 Months - Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary -

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martha Hill (Address) 1339 Division St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 11, 1936

19. UNDERTAKER James A. Hayes (Address) 142 W. ...

20. FILED 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935, to Oct 7, 1936.

I last saw her alive on Oct 7, 1936. Death is said to have occurred on the date stated above, at 6:15 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset Oct 6

Other contributory causes of importance:

Mitral Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19:

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

Signed J. L. ... M. D.

(Address) 117 N. ...

T 9 1936

F 27926

F 27926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1848 Pennsylvania Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) 18967. AGE Years 40 Months - Days - If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mary's Mount
(State or country) Maryland13. NAME Benjamin14. BIRTHPLACE (city or town) md.
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) md.
(State or country)17. INFORMANT John Wiley (uncle)(Address) 1143 Strickland

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 9 193619. UNDERTAKER Thomas E. Kelson(Address) 1305 Preset St20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral affluency

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Kelson

Coroner

M. D.

(Address) 10105 E. Channing Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 27927

F 27927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Onofrio Frank Mugavero

If U. S. Veteran

specify WAR

(a) Residence: No. 913 Fawn St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Withe 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 29 1907

7. AGE 29 Years 1 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 7 - 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Gregorio Mugavero Palermo

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Salvatora Mugavero

16. BIRTHPLACE (city or town) Palermo Italy (State or country)

17. INFORMANT Paul Mugavero (Address) 18 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ch. Oct. 22, 1936

19. UNDERTAKER Frank Gella Rose (Address) 52 N. Morley St.

9 FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis of Lungs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

M. D.

(Address)

2757 W. 1st St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

27928

CERTIFICATE OF DEATH

F 27928

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. Hughes St., 22 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 116 W. Hughes St., 22 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) m5a. If married, widowed, or divorced HUSBAND of (or) WIFE of married

6. DATE OF BIRTH (month, day, year)

7. AGE Years 60 Months 3 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocomoke City Md (State or country)13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Ward (Address) 116 W. Hughes St.18. BURIAL, CREMATION, OR REMOVAL Place Int from Date Oct 9 193619. UNDERTAKER Isaac H. Brown (Address) 108 W. Montgomery St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 193622. I HEREBY CERTIFY That I attended deceased from Oct 1 1936 to Oct 7 1936I last saw her alive on Oct 7 1936 Death is said to have occurred on the date stated above, at 116 W. Hughes St.

The principal cause of death and related causes of importance were as follows:

Chronic Inter-
stitial Nephritis

Date of onset

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) B. H. Carroll M. D.
(Address) 109 W. Hill St.

State Cause of Death in plain terms, so that it may be properly classified. Exact statement of

3

1936

27929

HEALTH DEPARTMENT—CITY OF BALTIMORE 27929

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 W. Henrietta St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Estella Robinson. (c.)

If U. S. Veteran specify WAR

(a) Residence: No.

163 W. Henrietta St. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Widow

5a. I am ☒ widowed ☒ divorced ☒ ☒ HUSBAND ☒ WIFE of

William Robinson

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE

Years 78

Months

Days

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Essex Co. Va.

FATHER MOTHER

13. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT

Viola Johnson (c) Granddaughter

(Address)

163 W. Henrietta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date Oct 9 1936

19. UNDERTAKER

(Address)

Isaiah L. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1936

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No.

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

1017 S. Charles St.

Coroner

M.

v s e

FILED

1936

Oct 10

1936

Baltimore

10/8/36

1017 S. Charles St.

Baltimore

1017 S. Charles St.

Baltimore

1017 S. Charles St.

F3 107830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 27930

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 3-1 Ward)

Registered No. 95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma Langher

(a) Residence: No. 15-14 E. Pratt St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/5/04 1901

7. AGE

Years

Months

Days

If LESS than

1 day, hrs. or min.

35-

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

H. work 0070

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Sneede Miller

14. BIRTHPLACE (city or town) (State or country)

Md -

MOTHER

15. MAIDEN NAME

Josephine Henry

16. BIRTHPLACE (city or town) (State or country)

Md -

17. INFORMANT

(Address)

Ward -

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Zion

Date

Oct 9 1936

19. UNDERTAKER

(Address)

Joseph R. Blount

1010 Montross St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7 - 1936 to Oct 5 - 1936

I last saw him alive on Oct 5 - 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Date of onset 1934

Other contributory causes of importance:

Infarct of lung

1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

James H. Harland

M. D.

(Address)

Johns Hopkins Hospital

SEE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

GT-9 1936

F 27931

F 27931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of place) The Johns Hopkins Hospital St. 26-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. 3220 Chesterfield Rd. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) October 5-19367. AGE Years _____ Months _____ Days 1 day If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. was9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. was

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 1 day12. BIRTHPLACE (city or town) (State or country) Pic Hamilton13. NAME Pic Hamilton14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Barbara Gibson16. BIRTHPLACE (city or town) (State or country) Indiana17. INFORMANT Ricards(Address) 7th St 1st 1st

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct 9 193619. UNDERTAKER Frank V. Piperton(Address) 2818 E. 13th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

peritonitis

Date of onset

Other contributory causes of importance:

Chlamydia of mother

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Barbara H. Bowditch M. D.(Address) The Johns Hopkins Hospital

See instructions on back of certificate.

CT 9 1936

F 27932

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27932

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 24-4 Ward)Registered No. 24-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. 11 ds. How long in U. S. If of foreign birth? 7 yrs. 11 mos. 11 ds.2. FULL NAME William Roberts(a) Residence: No. 1522 Riverside St., ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) Oct 4 - 18907. AGE Years 46 Months 4 Days 4 If LESS than 1 day, — hrs. — or min. —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) md (State or country)13. NAME Thomas A Roberts14. BIRTHPLACE (city or town) W Va (State or country)15. MAIDEN NAME Sarah A Mullen16. BIRTHPLACE (city or town) Ohio (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Catholics Date 10/9/3619. UNDERTAKER 1218 North St. (Address)20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 193622. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936, to Oct 8 1936I last saw him alive on Oct 8 1936 Death is said to have occurred on the date stated above, at 12²⁵ A m.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer - bleeding.Date of onset 1924

Other contributory causes of importance:

Was an operation performed? no Date of —For what disease or injury? —What test confirmed diagnosis? — Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of Injury —Nature of Injury —24. Was disease or injury in any way related to occupation of deceased? no If so, specify —(Signed) James H. D. H. H. H. M. D.(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27933

F 27933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E Madison St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Monroe Camper CamperU. S. Veteran
specify WAR(a) Residence: No. 1513 E Madison St., 7-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Bessie Camper
(or) WIFEc. DATE OF BIRTH (month, day, year) Feb 13, 18887. AGE Years 48 Months 8 Days 4 If LESS than 1 day, 4 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Cambridge Md
(State or country)13. NAME Amos Camper14. BIRTHPLACE (city or town) Cambridge Md
(State or country)15. MAIDEN NAME Elizabeth Pinder16. BIRTHPLACE (city or town) Cambridge Md
(State or country)17. INFORMANT Bessie Camper wife
(Address) 1513 E Madison St18. BURIAL, CREMATION, OR REMOVAL
Place Arrens Md Date 10/10 3619. UNDERTAKER Joseph G. Locke Jr
(Address) 1262 Jefferson St20. REGISTRAR Wm. H. Harrison
(Address) 1424 E Monument St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1936 19

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1, 1936 to Oct 7, 1936
I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

926 9502
Mitral Insufficiency, Cardiac Hypertrophy, also Myocarditis Date of onset Jan 1, 1936Other contributory causes of importance: 926 1066
Arteriosclerosis, Chronic Bronchitis, Parenchymatous Nephritis, also Enlarged Liver Date of onset Jan 1, 1936Was an operation performed? no Date of 1936

For what disease or injury?

Name of operation none Date of 1936What test confirmed diagnosis? Physician's lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. J. Young M. D.(Address) 1424 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

OCT 9 1936

F 27934

F 27934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1449 N. Carey St. 15-1 Ward)Length of residence in city or town where death occurred 12 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1449 N. Carey St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Apr. 1, 19247. AGE Years 12 Months 6 Days 5 If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. School girl 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town). Baltimore (State or country) MD13. NAME Halter Bailey14. BIRTHPLACE (city or town) va (State or country)15. MAIDEN NAME Estelle Elphur16. BIRTHPLACE (city or town) va (State or country)17. INFORMANT Estelle Bailey(Address) 1449 N. Carey St18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Park Date 10-9 193619. UNDERTAKER Charles E. Cooper(Address) 514 N. Calhoun St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 193622. I HEREBY CERTIFY. That I attended deceased from Aug 28, 1936 to Oct 6, 1936I last saw her live on Oct 5, 1936. Death is saidto have occurred on the date stated above, at 12:55 a.m.The principal cause of death and related causes in importance were as follows: Palpatory emphysemaOther contributory causes of importance: Heart Chd.

Was an operation performed? Date of

For what disease or injury? Name of operation. Pharynx Date ofWhat test confirmed diagnosis? Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. L. S. S. S. M. D.(Address) 924 Madison Ave

CT 9 1936

F 27935

Dr. Zapp 3048 N. Ave. F 27935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Rosedale St. 16-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 1014 Rosedale St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced, name of (or) WIFE of Dorothy Whitestone

6. DATE OF BIRTH (month, day, year) Jan 31 1863

7. AGE Years 73 Months 8 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) MD. (State or country)

13. NAME William H. Legg

14. BIRTHPLACE (city or town) MD. (State or country)

15. MAIDEN NAME Rebecca May

16. BIRTHPLACE (city or town) MD. (State or country)

17. INFORMANT Frank Whitestone

(Address) 2914 Presbury

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 9-36

19. UNDERTAKER W. B. Clappert, Son

(Address) 3048 N. Wood St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1936

27. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936 to Oct 6 1936.

I last saw her alive on Oct 6 1936. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset 1933

Other contributory causes of importance: Cardiac Asthenia

Date of onset Oct 3

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Herbert E. Zapp M. D.

(Address) 3048 N. Wood St.
Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

9 FILE 1936

F 27936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Pennsylvania St. Ward 5)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Edward Ludwig Schlutter

U. S. Veteran specify WAR None(a) Residence: No. 2903 Keyworth Avenue St. ____ Ward ____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ruth Schlutter
(or) WIFE of6. DATE OF BIRTH (month, day, year) January 9, 18827. AGE Years 54 Months 8 Days 27 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation 002312. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME Schlutter14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Barbara ?16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Ruth Schlutter
2903 Keyworth Ave.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Oct. 9, 193619. UNDERTAKER Thos. Light & Sons
(Address) 1215 N. Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ____ find that said deceased came to death on the day stated above about 9 p.m.The principal cause of death and related causes of importance were as follows:
Bullet wound in head.

Date of onset

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide: Suicide Date of injury 10/6, 1936Where did injury occur? 2600 Pennsylvania Ave
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Chauffeur's Room in GarageManner of injury Shot self with pistolNature of injury Wound in head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cham(Address) 1215 N. Ave

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OCT 9 1936

F 27938

F 27938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-St. Martins Road St. 12-1 Ward)Length of residence in city or town where death occurred 27 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth 27 yrs. 3 mos. 26 ds.

2. FULL NAME

Anne Monrode Stork

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR. NONE.(a) Residence: No. 14-St. Martins Road St., _____ Ward. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) June-12-19097. AGE Years 27 Months 3 Days 26 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in the occupation none12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John W. Stork14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Hortense Rogers16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT John W. Stork - (Father) (Address) 14-St. Martins Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct-10/3619. UNDERTAKER Stewart Moxon Co. (Address) 108 W North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/ 193622. I HEREBY CERTIFY, That I attended deceased from 10/6/ 1936 to 10/8/ 1936I last saw him alive on 10/8/ 1936. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

10/5/36

Other contributory causes of importance:

Toxemia + Myocarditis10/7/36Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? auscultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Theodore H. Moxson M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

CT 9 1936

F 27939

F 27939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home + Infirmary St., 27-11* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clifton Robinson Wardwell

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No.

419 Winston Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Margaret Brundige Wardwell*6. DATE OF BIRTH (month, day, year) *Dec - 10 - 1874*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

*April 1932*11. Total time (years) spent in this occupation *15 yrs.*

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Ernest A. Wardwell

14. BIRTHPLACE (city or town) (State or country)

? ? Maryland

15. MAIDEN NAME

Josephine Robinson

16. BIRTHPLACE (city or town) (State or country)

Catonsville Maryland

17. INFORMANT

Mrs. Margaret W. Wardwell (Wife)

(Address)

419 Winston Avenue

18. BURIAL, CREMATION, OR REMOVAL

St. Johns Ave - Waverly Date Oct 10/36

19. UNDERTAKER

Stewart & Brown Company

(Address)

102-20 North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 8* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

September 29 19*36* to *October 8* 19*36*I last saw him alive on *October 7* 19*36* Death is saidto have occurred on the date stated above, at *5:45* a.m.

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage*Date of onset
9-25-36

Other contributory causes of importance:

*Atherosclerosis
Mitral stenosis*

Name of operation

Date of

What test confirmed diagnosis? *C.L.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John A. Myers M. D.

(Address)

Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly certified. See instructions on back of certificate. OCCUPATION is very important.

CT 9 1936

Ernest A. Wardwell

F 27940 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Int. Hope Retreat* St. *28* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosalie Agnes McDermitt (Sister)(a) Residence: No. *Mount Hope Retreat* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 7 - 1858

7. AGE

Years *78*Months *3*Days *1*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Religious*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Work*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*md*

FATHER

13. NAME

Augustine McDermitt

MOTHER

14. BIRTHPLACE (city or town)
(State or country)*Penn*

15. MAIDEN NAME

*Frances Stuffer*16. BIRTHPLACE (city or town)
(State or country)*Penn*

17. INFORMANT

(Address)

*Records of Int. Hope Retreat
Int. Hope Retreat, City*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Hope Cemetery* Date *Oct 10/36*

19. UNDERTAKER

(Address)

Stewart & Brown Company

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Oct. 8, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Mar. 20, 1936, to Oct. 8, 1936*I last saw her alive on *Oct 8, 1936* Death is saidto have occurred on the date stated above, at *12:35 PM*The principal cause of death and related causes of
importance were as follows:

Date of onset

*Bronchitis
General Arteriosclerosis**?*

Other contributory causes of importance:

Myocardial degeneration

Name of operation

Date of

What test confirmed diagnosis? *Examination* Where an autopsy *20*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Wm. P. Hays, D.
336 Madison Ave
Balto Md.*state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

CT 9 1836

F 27941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27941

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Homestead Street St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Hitzelberger

If U. S. Veteran

specify WAR

(a) Residence: No. 1422 Homestead Street St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Frank Hitzelberger
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1867

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 69 | 6 | 15 | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. At home

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME William O. Petherbridge

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Maraget Selvage

16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Francis Hitzelberger
(Address) 1422 Homestead Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 10, 1936

19. UNDERTAKER Harry Lutz
(Address) 1203 N. Broadway

20. FULL NAME Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from
October 4, 1936, to October 8, 1936I last saw her alive on October 7, 1936 Death is said
to have occurred on the date stated above, at 6:00 A.M.The principal cause of death and related causes of
importance were as follows:

Arteriosclerosis

Date of onset
Unknown

Other contributory causes of importance:

Coronary Embolism

Was an operation performed? No Date of

For what disease or injury? Clinical Examination

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address) 401 East 25th Street

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

T 9 - 1936

F 27942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17727

1. PLACE OF DEATH :

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-7 Ward)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME John Arthur Ewell (Yewell)

(a) Residence: No. 1142 Cleveland St.
(Usual place of abode)

St. 21-7 Ward. (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Maggie Margaret H. Yewell
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1962 July 11, 1860

7. AGE Years 76 Months -74 Days 2 If LESS than 1 day, 26 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carder-Cotton unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. Jessup
(State or country)

13. NAME John Yewell

14. BIRTHPLACE (city or town) United States
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records Mrs. Margaret Yewell
(Address) 1142 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cemetery Oct. 10, 1936

19. UNDERTAKER Joseph J. Cook
(Address) 1003 N. Baltimore St.

FILED

Registrar

T 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1936 to 10-7, 1936

I last saw him alive on 10-7, 1936. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 10-1-36

Other contributory causes of importance:

Multiple Cerebral thromboses

Mar. 1933

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John F. Ramsey

(Address) Baltimore City Hospital

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

#13461

F 27943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)

Registered No. 80-34-R

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 28 yrs. 0 mos. 0 ds.

2. FULL NAME Thomas Bruno

If U.S. Veteran

specify WAR

(a) Residence: No. 1038 Aisquith St. St. 10-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Bruno

6. DATE OF BIRTH (month, day, year) 8-12-1881

7. AGE Years 55 Months 1 Days 24 If LESS than 1 day, hrs. 0 min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME John Bruno

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 10, 1936

19. UNDERTAKER Wendell J. Lippert (Address) 1405 S. 1st St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1936 to 10-6 1936

I last saw him alive on 10-6 1936 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Insufficiency
Acute pulmonary edema

Date of onset
1-22-36
10-5-36

Other contributory causes of importance:

Was an operation performed? NO Date of 10-6-36

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO (If so, specify)

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hosp

OCT 9 - 1936

F 27944

F 27944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 York Road

St. 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Helen O. Wright,

(a) Residence: No. 5306 York Road
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 19. 1884

7. AGE Years 51 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City. Md.

13. NAME Richard Wright,

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Virginia C. Wolfe,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Adelaide E. Wright
(Address) 5306 York Road18. BURIAL, CREMATION, OR REMOVAL OCT 12 1936
Place Druid Ridge Date19. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1936

22. I HEREBY CERTIFY That I attended deceased from April 2, 1934 to Oct 9, 1936

I last saw him alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis
Thyroid Gland Disease
Date of onset
1933
1933
1933

Other contributory causes of importance:

Cerebral Hemorrhage 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. H. Wright M. D.

(Address) 3715 SW Sheridan Ave.

OCCUPATION is very important. See instructions on back of certificate.

T 9 - 1936

F 27945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME

Benjamin Marvin Thomas

If U.S. Veteran specify WAR

(a) Residence: No. LaPais Ave., Towson, Md.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edith S. Thomas

6. DATE OF BIRTH (month, day, year) 8-19-1883

7. AGE Years 53 Months 1 Days 21 If LESS than 1 day, 21 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance office
10. Date deceased last worked at this occupation (month and year) 10-9-36 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Balto., Co., Md. (State or country)

13. NAME Charles C. Thomas
14. BIRTHPLACE (city or town) Balto., Co., Md. (State or country)

15. MAIDEN NAME Carrie S. Treher
16. BIRTHPLACE (city or town) Balto., Co., Md. (State or country)

17. INFORMANT Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Prosser Hill Cem. Dec. 12, 1936

19. UNDERTAKER John Boone's Sons (Address) Towson, Md.

20. FILED 10-19-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9-36

22. I HEREBY CERTIFY, That I attended deceased from 10-9-36 to 10-9-36

I last saw him alive on 10-9-36 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 10-9-36

Other contributory causes of importance:

Essential hypertension

1930s

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. Freeman

M. D.

(Address)

Mercy Hosp.

F 27946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27946

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2922 Rosalie ave
CITY OF BALTIMORE: (No. 27-7 St. 7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR none

2. FULL NAME James H Fink

(a) Residence: No. 2922 Rosalie ave St. 7 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary E Fink (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 1868

7. AGE Years 68 Months 8 Days 1 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation 1933 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Harford Co (State or country)

13. NAME Charles F Fink

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Blumenthal Arthur

16. BIRTHPLACE (city or town) Harford Co (State or country)

17. INFORMANT Mrs Mary E Fink (Address) 2922 Rosalie ave

18. BURIAL, CREMATION, OR REMOVAL London Park Date 10/12/1936

19. UNDERTAKER William Hoop (Address) 1217 10th Ave

20. DATE OF DEATH 10 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to Oct 8 1936

I last saw him alive on 10/8 1936. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Paralysis Agitans - Parkinson's Disease
Chronic Interstitial Nephritis

Other contributory causes of importance:

Obesity

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

F 27947

F 27947 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 26-12 Ward 12)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Harry F. KeselerIf U. S. Veteran specify WAR No Record(a) Residence: No. North Point Terrace, Dundalk Md.

Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Oct 30 18787. AGE Years 57 Months 11 Days 5 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Pennsylvania13. NAME Leri Keseler14. BIRTHPLACE (city or town) (State or country) Penn.15. MAIDEN NAME Elizabeth Matters16. BIRTHPLACE (city or town) (State or country) Penn.17. INFORMANT Mrs. Hartz (sister) (Address) North Point Terrace, Dundalk Md.18. BURIAL, CREMATION, OR REMOVAL Place U. S. Natl Cemetery Date Oct 10 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Wright(Address) 1010 S. Eldon Ave

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

T 10 1936

F 27948

F 27948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hosp 210-M
St. 17 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Arthur Barnard Bibbons

If U. S. Veteran specify WAR No Record

(a) Residence: No

2600 Md Ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Paul M. Bibbons (or WIFE of)

6. DATE OF BIRTH (month, day, year) Aug 6 - 1868

7. AGE Years 76 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Geologist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Paul M. Bibbons

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Maria Starnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Paul M. Bibbons (Address) 2600 Md Ave

18. BURIAL, CREMATION, OR REMOVAL Not Buried Frederick Md Date Oct 10 1936

19. UNDERTAKER Wm Cook (Address) 1207 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Prob Luc MCR 10/6/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 10/6/36

Where did injury occur (Specify city or town, county, and State) Md Ave near 76 St St

Specify whether injury occurred in industry, in home, or in public place 2600 Md Ave

Manner of injury Truck by auto

Nature of injury While crossing street

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert H. Clark

Coroner

M. D.

(Address) 907 N. Charles

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

T 10 1936

F 27949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 14-3* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1821 Madison Ave* St., *14-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 30 - 1887*7. AGE Years *49* Months *1* Days *9* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Tennessee*
(State or country)13. NAME *Walter Wagner*14. BIRTHPLACE (city or town) *Tennessee*
(State or country)15. MAIDEN NAME *Ida Grimes*16. BIRTHPLACE (city or town) *Tennessee*
(State or country)17. INFORMANT *Allen Pearson*
(Address) *1821 Madison Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bellevue Memorial Park* Date *Oct 10th 1936*19. UNDERTAKER *Archibald G. Maddis*
(Address) *2101 McE Bulev St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 9, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chloroform* Date of *Yes*What test confirmed diagnosis? *Chloroform* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker* M. D.
(Address) *1919 E. North Ave* Coroner

T 10 1936

✓ F 27950

B 127950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH
JOHNS HOPKINS HOSPITAL

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. 14-3

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2131 Lissouri St., 5th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/2/1855

7. AGE Years 31 Months 4 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Isaac Parker

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Gamble

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Eastern Memorial Pl. Date Oct 10th 1936

19. UNDERTAKER Archibald G. Hapkins (Address) 2101 N. E. E. St.

20. DATE OF DEATH OCT 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Oct. 8, 1936

I last saw her alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular disease
Malignant nephrosclerosis
hemipia

Date of onset May 1936

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Wapner M. D.
(Address) Johns Hopkins Hospital

✓ F 27951

F 27951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S Augusta St. Ward 70-8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 218 S Augusta St. Ward 70-8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed or divorced
HUSBAND of Leonora H. Opitz
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 25 18817. AGE Years 55 Months 5 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 108612. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME John Opitz14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Clara F. Pfeiffer16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Leonora H. Opitz (Address) 218 S. Augusta St.18. BURIAL, CREMATION, OR REMOVAL
Place London Town Date 10/12 193619. UNDERTAKER John Paul St (Address) 12747 Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (that is, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.The principal cause of death and related causes of importance were as follows: 6:30 P.M.
Coronary Thrombosis Sudden death

Other contributory causes of importance:

HypertensionWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas H. Phillips M. D.
Coroner(Address) 1939 Edmondson St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

T 10 1936

F 27952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F. 27952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Potomac St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 4 yrs. 5 mos. 5 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Katherine K. Gossage(a) Residence: No. 811 S. Potomac St., 1-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of William Gossage (or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 6 - 18687. AGE Years 68 Months 8 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER MOTHER

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Charles Cronay14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)15. MAIDEN NAME Minnie Harig16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT

(Address) 811 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct. 11, 1936

19. UNDERTAKER

(Address)

George W. Girkler
1757 E. Edgar St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 193622. I HEREBY CERTIFY, That I attended deceased from August 1936, to Oct. 8, 1936I last saw her alive on Oct. 8, 1936. Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Diabetes
Coronary Thrombosis

Date of onset

Aug. 19361915Aug. 1936

Other contributory causes of importance:

NormalWas an operation performed? No Date of ✓

For what disease or injury?

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1936Where did injury occur? ✓ (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed)

Robert S. Kirk
3126 Hartford Rd.

M. D.

(Address)

Nov. 8 1936

10 1936

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ANYONE. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27953

CERTIFICATE OF DEATH

930 F 27953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Marsh St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1337 Marsh St., 16-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGerrard Jones

6. DATE OF BIRTH (month, day, year)

7. AGE about 52 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an 820am thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said 820am find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Date of

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCT 10 1936

F 27955 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76-11 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Florence May RobinsonIf U. S. Veteran
specify WAR(a) Residence: No. 3020 Calver Ave. 3312 O'Donnell St. Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of George Henry Robinson
(or) WIFE of6. DATE OF BIRTH (month, day, year) November, 11 18637. AGE Years 72 Months 10 Days 9 If LESS than 1 day, 26 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Delaware (State or country) Stanton13. NAME Edward Gray14. BIRTHPLACE (city or town) Delaware (State or country)15. MAIDEN NAME Sarah Derickson16. BIRTHPLACE (city or town) Delaware (State or country)17. INFORMANT Mr. George H. Robinson (Address) 3020 Calver Ave. 3312 O'Donnell St.18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Oct. 10 19 3619. UNDERTAKER (Address) Thos. J. Jackson & Son
Rock & Pa. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured ribs
pacant left kidney etc.

Other contributory causes of importance:

hypertensive pneumonia

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Sept 29 1936Where did injury occur? Balt. Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at homeManner of injury fell down stairs
Nature of injury fractured ribs contusion etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. W. Wright M. D.(Address) 1010 S. E. Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 10 1936

F 27956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 27956

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 Hasford Ave. 9-9 St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1845 Hasford Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Giuseppe Quercio

6. DATE OF BIRTH (month, day, year)

7. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Antonio Citrano 14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Vincella 16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giuseppe Quercio (Address) 1845 Hasford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Catholic Church Date Oct 12, 1936

19. UNDERTAKER Frank V. Papitone (Address) 2812 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 26, 1936 to Oct 8, 1936

I last saw her alive on Oct 7, 1936 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Pathological fracture of the upper 1/3 of right femur. Metastatic carcinomatous infiltration of the left lower lung

Other contributory causes of importance:

Broncho Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi Di Stefano M. D.

(Address) 4074 E. Egleston

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

10 1936

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 East West St. Ward 24-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Elizabeth Meyd
(a) Residence: No. 129 East West St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 23-1865

7. AGE Years 71 Months 8 Days 15 If LESS than 1 day.....hra. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Conrad Meyd

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Madelaine Kaufman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Frank Meyd (Address) 129 E. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Oct. 12 1936

19. UNDERTAKER Elizabeth Harle Inc. (Address) 115 E. West St.

20. FILED 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1936

22. I HEREBY CERTIFY That I attended deceased from July 28th 1936 to Oct 8th 1936

last saw him alive on Oct 8 1936. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis.

(Other contributory causes of importance: Arteriosclerosis Styptic Poisoning)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Wm. A. Schenck M. D.
(Address) 1337 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 13-2 Ward)Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Adolphus Perot

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 2008 Bolton St., N.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 26. DATE OF BIRTH (month, day, year) 3-26-18697. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 6 mo. 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Real Estate

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME William Perot
14. BIRTHPLACE (city or town) (State or country) West Indies15. MAIDEN NAME Anne Loycrast16. BIRTHPLACE (city or town) (State or country) Canada17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cr Date Oct 12 - 193619. UNDERTAKER
(Address)Henry W. Jenkins & Son Co
Ordinary & Elite Building

20. FILED

19

A. E. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9, 193622. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936 to 10-9, 1936I last saw h.l.m. alive on 10-9, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatous (origin unk.)Date of onset
1935

Other contributory causes of importance:

PyelonephritisUnkWas an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Ranney
Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 10 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27959

F 27959

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Patapsco St., 23-3 Ward)

Length of residence in city or town where death occurred 4 yrs., 12 mos., 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1802 Patapsco - St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flourine Button

6. DATE OF BIRTH (month, day, year) Sept 26, 1894

7. AGE Years 42 Months 13 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Truck Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Transportation

10. Date deceased last worked at this occupation (month and year) Nov 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME James T. Button

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Flourine Button (Address) 1802 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Oct 12, 1936

19. UNDERTAKER A. B. Howell & Sons (Address) 1400 S. Charles

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931 to Oct. 9, 1936

I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Endocarditis Cholelithiasis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dair J. ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1936

Registrar

F 27960

F 27960 47

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Simca

If U.S. Veteran

specify WAR

(a) Residence: No. 1513 Pennsylvania Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widower5a. If married, widowed, or divorced
HUSBAND of Molly
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/28/1854 18597. AGE Years 82 Months 77 Days 10 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME unknown14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Hospital Records
(Address) :

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Am. Date Oct 11 9619. UNDERTAKER Mrs. Wm. J. Holland
(Address) 1631 Duval Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8 , 193622. I HEREBY CERTIFY, That I attended deceased from 10-7- , 1936 to 10-8 , 1936I last saw him alive on 10-8 , 1936 Death is said to have occurred on the date stated above, at 2 12 p.m.

The principal cause of death and related causes of importance were as follows:

Strangulated hernia
ingestinal left

Date of onset

?

Other contributory causes of importance:

perforation of intestine
with peritonitis

?

Was an operation performed? yes Date of 10-7-36For what disease or injury? Drainage of
peritonitisWhat test confirmed diagnosis? operation where an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

W. J. Holland
Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1936

F 27961

F 27961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 131)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs. Josephine Wood.

Ward.

(If non-resident give city or town and State)

(a) Residence: No.

3411 Chestnut Avenue St.,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of

John M. Harper.

6. DATE OF BIRTH (month, day, year)

Nov 28, 1885

7. AGE

50

Years

Months

Days

10 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Wilmington Del.

13. NAME

Edward A. Simpson

14. BIRTHPLACE (city or town) (State or country)

unknown

15. MAIDEN NAME

Rebecca Kelly.

16. BIRTHPLACE (city or town) (State or country)

unknown

17. INFORMANT (Address)

John T. Wood, 4416 Westview Rd

18. BURIAL, CREMATION, OR REMOVAL

Wilmington Del. Date Oct 11, 1936

19. UNDERTAKER (Address)

Walter P. McNamee, 4114 3rd St, Baltimore, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

October 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

September 13, 1936, to October 9, 1936. I last saw her alive on October 9, 1936. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
UremiaDate of onset
Unknown
about 10/3/36

Other contributory causes of importance:

Arteriosclerosis
HypertensionUnknown
Unknown

Was an operation performed? No Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy? No

What test confirmed diagnosis? -

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Joseph Kroll M. D.
(Address) South Baltimore General Hosp.

OCT 10 1936

F 27962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15318

F 27962

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 233 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Sullivan

U. S. Veteran

Specify WAR

(a) Residence: No. 1705 Hanover St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm Henry Sullivan6. DATE OF BIRTH (month, day, year) 2-29-18587. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 8 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Deceased14. BIRTHPLACE (city or town) (State or country) Balto. Md15. MAIDEN NAME Deceased16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Obit Date 10/12/36

19. UNDERTAKER

(Address) 2503 Edmond Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from

7-23, 1936 to 10-9, 1936I last saw her alive on 10-9, 1936 Death is saidto have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Head of PancreasDate of report
Sept 36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John F. Ranney
Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CT 10 1936

F 27963

F 27963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Green St. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

2. FULL NAME

Will Willons

Specify WAR

(a) Residence: No. 517 S. Green St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Jessie Willons
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 5, 18947. AGE Years 42 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ga.
(State or country)13. NAME Hardley Willons14. BIRTHPLACE (city or town) Ga.
(State or country)15. MAIDEN NAME Elizabeth Kirby16. BIRTHPLACE (city or town) Ga.
(State or country)17. INFORMANT Jessie Willons
(Address) 517 S. Green St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date October 12, 193619. UNDERTAKER Joseph A. Livick
(Address) 4849 Mount Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Disease of Heart

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CT 10 1936

27964

F 27964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. Madison St. Ward 11-1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Johanna M. KellyIf U. S. Veteran specify WAR No Record(a) Residence: No. 110 E. Madison St. Ward 11-1

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug 27-18607. AGE Years 76 Months 1 Days 12 If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balt Md
(State or country)13. NAME John L. Kelly14. BIRTHPLACE (city or town) Pikesville Md
(State or country)15. NAME Mary M. Cunningham16. BIRTHPLACE (city or town) (Dubuque) Cork
(State or country)17. INFORMANT Alice L. Kelly
(Address) 110 East Madison18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 13 193619. UNDERTAKER Hellmuth Coole
(Address) 1217 E. Paul St20. FILED CT 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 193622. I HEREBY CERTIFY, That I attended deceased from Oct 8 1936 to Oct 9 1936I last saw him alive on Oct 8 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

UremiaUremic coma

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) E. H. Hayward

M. D.

(Address) 1158 Cager St.

M. D. B. 1243-1
F 27965

F 27965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH—*John Hopkins Hospital*
CITY OF BALTIMORE: (No. *28-1* St. *1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *John H. Day*H. U. S. Veteran specify WAR *Pic Kee ord*(a) Residence: No. *4004* *Greenland Ave.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elizabeth A. Day*6. DATE OF BIRTH (month, day, year) *Sept 29 - 1905*7. AGE Years *28* Months *9* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc. *Cashier*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1072*10. Date deceased last worked at this occupation (month and year) *10-9-36* 11. Total time (years) spent in this occupation *2* mo.12. BIRTHPLACE (city or town) *Michigan* (State or country)13. NAME *Charles Day*14. BIRTHPLACE (city or town) *Michigan* (State or country)15. MOTHER'S NAME *Martha Whittington*16. BIRTHPLACE (city or town) *Michigan* (State or country)17. INFORMANT *Elizabeth A. Day* (Address) *4004 Greenland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Suburb* Date *10/11* 193619. UNDERTAKER *Wm. L. ...* (Address) *1217 ...*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH *10.42 P.M.*21. DATE OF DEATH (month, day, year) *10-9-36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *10/9* 1936

Accident, suicide, or homicide Date of Injury

Where did injury occur *Dayville + Kenmore*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street*Manner of injury *Struck by Auto while Crossing*Nature of injury *Street - while lying in*24. Was disease or injury in any way related to occupation or deceased? *that ran over by auto*

If so, specify

(Signed)

(Address) *907 N. ...*

Coroner

M. D.

Information should be carefully supplied. Age must be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v 54

CT 11 1936

F 27966

M. D. H 1268-9

F 27966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Woodbrook St., 13 Ward)Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 45 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 3400 Woodbrook St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Reba
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-8-367. AGE Years 65 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0036

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Russia
(State or country)13. NAME Simon Kline14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Leah16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Heb Holom Date 10-11-36 1919. UNDERTAKER Jack Lewis, Inc.
(Address) 11437 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ (Inquest, Autopsy or Inquiry)

_____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis 10-8-36
Arteriosclerosis ?

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) W. W. Dickerson(Address) Coroner

M. D.

Coroner

Registrar.

OCT 11 1936

N. B.—WRITE PLAINLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

12352

F 27967

27967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-2 Ward)Registered No. 948

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Maurice Rosenthal

If U.S. Veteran

specify WAR

(a) Residence: No. 508 W. Fayette St.St., 4-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) ?5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of6. DATE OF BIRTH (month, day, year) ?7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 608. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address) 1439 E. Baltimore St.

20. FILL IN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 193622. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936 to 10-10, 1936I last saw him alive on 10-10, 1936 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset

10-4-36

Other contributory causes of importance:

Coronary Thrombosis

Date of onset

2-16-36Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) John F. Rainey(Address) Baltimore City Hospital

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CT 11 1936

F 27968

F 27968 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N. Potomac St. Ward 7-1)Length of residence in city or town where death occurred 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 1. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
|-----------------------|----------------------------------|---|

6a. If married, widowed or divorced, HUSBAND of (or WIFE of)
Mary Ellen Ruth

6. DATE OF BIRTH (month, day, year) Oct 2, 1877

| | | | | |
|--------|-----------|--------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>57</u> | | <u>6</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Can Factory

10. Date deceased last worked at this occupation (month and year)
October 1935

11. Total time (years) spent in this occupation
25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Sylvester Ruth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Werner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. Sylvester Ruth
(Address) 518 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 12 193619. UNDERTAKER Martin W. C. Nippel
(Address) 37 S. Anne St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 193622. I HEREBY CERTIFY, That I attended deceased from October 5, 1936 to October 8, 1936I last saw him alive on October 8, 1936 Death is said to have occurred on the date stated above, at 2:40 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever
Endocarditis, Myocarditis

Date of onset
38 years
3 yrs

Other contributory causes of importance:

noneWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Is there any autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injuryWhere did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Harry Lachman M. D.
2322 Calhoun Ave.

Information should be carefully supplied. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

10-5

OCT 11 1936

St. James
St. James

27969

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 27969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. Balto Ward)Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mrs. May R. Cole(a) Residence: No. 314 Overhill Rd. St., Baltimore

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Cole6. DATE OF BIRTH (month, day, year) Aug. 27, 18847. AGE Years 52 Months 1 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Herrington (State or country) Pa13. NAME Rev Chas. S. Arneth14. BIRTHPLACE (city or town) Balto Md (State or country)15. MAIDEN NAME Bessie C. Arneth16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT James F. Cole (Address) 314 Overhill Road18. BURIAL, CREMATION, OR REMOVAL Place Wood Ridge Date Oct. 13, 193619. UNDERTAKER Sam Mitchell Sons (Address) 1900 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10, 193622. I HEREBY CERTIFY, That I attended deceased from 10/8, 1936 to 10/10, 1936I last saw her alive on 10/10, 1936 Death is said to have occurred on the date stated above, at 4 P. m.The principal cause of death and related causes of importance were as follows:
Ulcerating Colitis
Intestinal Obstruction 10/6/36Other contributory causes of importance:
Intestinal Intoxication 10/6/36Was an operation performed? Yes Date 10/9/36For what disease or injury? Intestinal ObstructionWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Simon S. Kemp M. D.(Address) Bon Secours Hosp.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

OCT 11 1936

F 27970
319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27970

CERTIFICATE OF DEATH

X 534

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 7-5 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 2 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Günther Blombach

(a) Residence: No. Marlboro St. _____ Ward. New Hampshire
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <u>m</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>3-9-1911</u> | | |
| 7. AGE | Years <u>25</u> | Months <u>7</u> |
| | Days <u>1</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>med Student</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0000</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

12. BIRTHPLACE (city or town) _____ (State or country) Germany

FATHER 13. NAME Ernest Blombach

14. BIRTHPLACE (city or town) _____ (State or country) Germany

MOTHER 15. MAIDEN NAME Ammy Günther

16. BIRTHPLACE (city or town) _____ (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Marlboro N.H. Date Oct 13 1936

19. UNDERTAKER John Ormitchell Jones
(Address) 1900 Eutaw Place

20. FILED 9861 11 130 19 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1936 to Oct 10 1936

I last saw him alive on Oct 10 1936 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant

Date of onset 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/10/36

For what disease or injury?

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 27971

F 27971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Franklin Sq. Hosp.*CITY OF BALTIMORE: (No. *12-6*)St. *12-6* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* yrs. *12-6* mos. *12-6* ds. How long in U. S. If of foreign birth? yrs. *12-6* mos. *12-6* ds.2. FULL NAME *Mr. Katherine Baker*(a) Residence: No. *16 W 21st St.*

(Usual place of abode)

St., *12-6* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

(or) WIFE of *John H. Baker*6. DATE OF BIRTH (month, day, year) *April 1st 1886*7. AGE Years *50* Months *6* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balts Md.*13. NAME *William Appleby*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Mollie Griffith*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *John H. Baker* (Address) *16 W 21st St*

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hospital Date *Oct. 12/36*19. UNDERTAKER *J. Walter Davis* (Address) *3418 Chestnut Ave.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/9/1936*22. I HEREBY CERTIFY, That I attended deceased from *9/17/1936* to *10/9/1936*I last saw her alive on *10/9/1936* Death is saidto have occurred on the date stated above, at *90* in

The principal cause of death and related causes of importance were as follows:

Surgical Shock Date of onset *10/9/36*

Other contributory causes of importance:

*Secondary pneumonia*Name of operation *Nephrectomy* Date of *10/9/36*What test confirmed diagnosis? *Was there an autopsy? No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. P. Battaglia* M. D.(Address) *Franklin Sq. Hosp.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11 1936

F 27972

F 27972

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9327 W. Pennell St. 16-5 Ward)Length of residence in city or town where death occurred 67 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Edward Warren Hall(a) Residence: No. 2327 W. Pennell St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Mary A Hall
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 12 1869

| | | | | |
|--------|-----------|----------|-----------|---------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day. hrs. or min. |
| | <u>67</u> | <u>7</u> | <u>28</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006010. Date deceased last worked at this occupation (month and year) 5-7-30 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME William Hall14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Charlotte Lane16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT Miss Beulah Fitzgerald
(Address) 2820 Guilford Ave18. BURIAL, CREMATION, OR REMOVAL
Place Balto An Date Oct 12 193619. UNDERTAKER John W. Wink
(Address) 2008 Belcon St20. FILED 11 1936 Registrar.Registered No. 107a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 193622. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Oct 9 1936I last saw him alive on Oct 9 1936 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Typhoid Date of onset Oct 1 1936

Other contributory causes of importance:

Broncho Pneumonia Date of onset Oct 1 1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B. Luman M. D.(Address) 718 N. Patterson St

CT 11 1936

F 27973

27973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1535 Montpelier* St. *9-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *31* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth *76* yrs. *6* mos. *1* ds.

2. FULL NAME

Catherine Elsie West

If U.S. Veteran

specify WAR *None*(a) Residence: No. *1535 Montpelier* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of *Clarence S. West* (or) WIFE of6. DATE OF BIRTH (month, day, year) *April - 9 - 1860*7. AGE Years *76* Months *6* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Lancaster* (State or country) *Pennal*13. NAME *George M. Powell*14. BIRTHPLACE (city or town) *Pennal* (State or country)15. MAIDEN NAME *Catherine Crisman*16. BIRTHPLACE (city or town) *Lancaster* (State or country) *Pennal*17. INFORMANT *Mrs. Hazel Kirk Barnett (daughter)* (Address) *1535 Montpelier Street*

18. BURIAL, CREMATION, OR REMOVAL

Lancaster, Penna Date *Oct/13/36*19. UNDERTAKER *Stewart & Morgan Company* (Address) *108 - W - North Avenue*

20. FILED

OCT 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10 - 10*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *June 6*, 19*36*, to *Oct. 10*, 19*36*I last saw h. u. alive on *Oct 9*, 19*36*. Death is said to have occurred on the date stated above, at *8:45 a.m.*

The principal cause of death and related causes of importance were as follows:

*Edema of cervix vagina -*Date of onset *1930*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Anthony J. Carozza

M. D.

(Address)

5277 York Rd

Information should be carefully supplied. Cause of death in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 27974 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Mount Hope Retreat - 4

Length of residence in city or town where death occurred

38 yrs.

0 mos.

How long in U. S. If of foreign birth

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Catherine Ghee

(a) Residence: No.

327 E. 21st St.

St.,

Ward.

Resident

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced, (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb. 10 - 1895

7. AGE

41

87

29

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

New York

FATHER

13. NAME

Joseph Ghee

14. BIRTHPLACE (city or town)
(State or country)

New York

MOTHER

15. MAIDEN NAME

Margaret Cooper

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Mrs. Gregory - (Mother)

(Address)

327 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date Aug 14/36

19. UNDERTAKER

Stewart-Morris Co.

(Address)

108 W. 1st St.

20. FILED

Ruthing for Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March, 1934, to Oct. 9, 1936

I last saw her alive on Oct. 9, 1936 Death is said

to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of
importance were as follows:

Carcinoma of Rectum 1 yr

Date of onset

Other contributory causes of importance:

Demented Praecox 20 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Darius P. Pappas, M. D.

(Address)

33 W. 1st St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

Ct 11 1936

F 27975 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27975

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211-Madison Ave St., 11-4 Ward)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 79 yrs. 10 mos. 29 ds.

2. FULL NAME

Mary Carter Brown

(a) Residence: No. 1211-Madison Ave St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov-10-1858

7. AGE Years 79 Months 10 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ethel Cousley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Henrietta D. Brown (Address) 1211 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's Date Oct 12/36

19. UNDERTAKER Stewart Mortu. (Address) 108 W. North Ave.

20. FILED 11-11-36 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/36

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1936, to Oct 8, 1936.

I last saw her alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage

Date of onset

Oct 7, 1936

Other contributory causes of importance:

Scromotor Adoxia

8 mos

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation Clinical Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) Wm. H. Painebaker M. D.

(Address) 740 St. Paul St.

Information should be carefully checked to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27976

F 27976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 S. Chapel St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Kazmierz Kruszynski

If U. S. Veteran specify WAR

(a) Residence: No. 533 S. Chapel Street (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years 76 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retard.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Unknown 14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Mr. James Kruszynski (Address) 604 S. Streeper Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 12 1936

19. UNDERTAKER John M. Weber (Address) 401 S. Charles St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1936

22. I HEREBY CERTIFY That attended deceased from July 1, 1936 to Oct 9, 1936

I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Trouble

Date of onset 7/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William J. Broome M. D. (Address) 801 S. Redwood Ave

OCT 11 1936

Information should be carefully supplied. AGE should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 27977

H 27977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Wolfe St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Dominic Rogowski

(a) Residence: No. 314 S. Wolfe St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Feliksa Rogowski (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, hank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Victor Rogowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Feliksa Rogowski, wife (Address) 314 S. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem Date 10-13-1936

19. UNDERTAKER John M. Weber (Address) 401 S. Charles St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 18 1936 to Oct 8 1936

I last saw him alive on Oct 8 1936 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows

Terminal Bronchitis Pneumonia

Date of death 10/6/36

Other contributory causes of importance:

Carcinoma, Stomach x liver

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I specify

(Signed)

(Address)

M. H. Mazer M. D. 2604 E. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CT 11 1936

F 27978

705 S. Greene St
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27978

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Bertha C. Ray Robinson

If U. S. Veteran specify WAR

(a) Residence: No.

705 S. Greene St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)

widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Robinson

6. DATE OF BIRTH (month, day, year)

May 8, 1885

7. AGE

Years

Months

Days

If LESS than 1 day..... hrs. or..... min.

5152

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind.

FATHER

13. NAME

Richard Wesley Ray

14. BIRTHPLACE (city or town) (State or country)

Celver Co., Ind.

MOTHER

15. MAIDEN NAME

Barbara Jane Mason

16. BIRTHPLACE (city or town) (State or country)

Celver Co., Ind.

17. INFORMANT (Address)

patient

18. BURIAL, CREMATION, OR REMOVAL

St. Hope, Cal. Co. Ind. Date 10-12-36

19. UNDERTAKER (Address)

John M. Johnson 1700 Official St. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 193622. HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936 to Oct. 10, 1936I last saw him alive on Oct. 9, 1936 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction
Cardiac decompensation

Date of onset

Other contributory causes of importance:

Chronic nephritis
myocardial degenerationWas an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) E. Walter Shewington M. D.(Address) 1606 Penna Ave.

OCT 11 1936

19

Registrar

F 27979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27979

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-3 St. Ward)

Length of residence in city or town where death occurred 1 yr. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yr. 1 mo. 1 da.

2. FULL NAME

Agnes Lazzara

(a) Residence: No. 2514-E. Biddle St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1931.

7. AGE Years 5 Months 1 Days 18 If LESS than 1 day, 1 hr. 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Anthony Lazzara
14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Agnes Rambo
16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Anthony Lazzara (Address) 2514-E. Biddle St.

18. BURIAL, CREMATION OR REMOVAL 10/2/36
Place Holy Redeemer Date 19

19. UNDERTAKER George J. Rath (Address) 1725 N. Highland Ave.

20. FILED 10/3/36 19 10/3/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1936 to Oct. 9, 1936

I last saw her alive on Oct. 9, 1936 Death is said to have occurred on the date stated above, at 7:02 P. m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis

Date of onset 9/8/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Sidney Selman M. D.

(Address)

F 27980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27980

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bon Secours Hosp*CITY OF BALTIMORE: (No. *Baltimore Md* (St. *20-1* Ward)Length of residence in city or town where death occurred *7* yrs. *9* mos. *7* da. How long in U. S. If of foreign birth *7* yrs. *9* mos. *7* da.2. FULL NAME *Mrs. Lambert Mullany*(a) Residence: No. *Mission Helpus - Towson St., Md.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *9-12-1874*7. AGE Years *62* Months *—* Days *27* If LESS than 1 day, hrs. *—* min. *—*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Religion*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Convent*
10. Date deceased last worked at this occupation (month and year) *1936* 11. Total time (years) spent in this occupation *0065*12. BIRTHPLACE (city or town) *Lewiston*
(State or country) *Maine*13. NAME *Hugh T. Mullany*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Marie Donnelly*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Convent Record*
(Address) *W. Joyce Rd - Towson*18. BURIAL, CREMATION, OR REMOVAL *Towson*
Place *Mission Helpus* Date *10-12-1936*19. UNDERTAKER *George J. Path*
(Address) *1724 North Bond Street*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/9/36*, 1922. I HEREBY CERTIFY, That I attended deceased from *Sept 30*, 1936 to *Oct 9*, 1936I last saw him alive on *Oct 9*, 1936 Death is said to have occurred on the date stated above, at *5 A m.*

The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis & Intestinal obstruction

Date of onset

9-28-36

Other contributory causes of importance:

*Intestinal intoxication**9-30-36*Was an operation performed? *Yes* Date of *Oct 7-1936*For what disease or injury? *Ulcerative colitis & obstruction*
operation - Proctostomy of colon.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Simon J. Kemp* M. D.(Address) *Bon Secours Hosp.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

CT 11 1936

F 27981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27981

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602-Llewelyn Ave St., 8-7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Stratton

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 1602-Llewelyn Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Margaret A. (Walsh) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/8/1897

7. AGE Years 36 Months 10 Days 1 If LESS than 1 day or min. xxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PWA

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) New York (State or country)

13. NAME William Stratton

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Mary (Hart)

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Margaret A. Stratton (Address) 1602-Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 1735 ...

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9-36

22. I HEREBY CERTIFY, That I attended deceased from 10-3-36 to 10-9-36

I last saw him alive on 9-9-36 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration 9-6-36

Other contributory causes of importance:

Lobar Pneumonia 9/3/36

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Samuel Miller M.D.

(Address) 1501 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 11 1936

F 27982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27982

CERTIFICATE OF DEATH

✓ 920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Henry St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John B. Vogel

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1442 Henry St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Rosa M. Vogel

6. DATE OF BIRTH (month, day, year) Feb 24 1869

7. AGE Years 67 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Die Setter 0086

9. Industry or business in which work was done, as silk saw mill, bank, etc. National Enamel Co

10. Date deceased last worked this occupation (month and year) Feb 1936 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Rosa M. Vogel (Address) 1442 Henry St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A.C. Date Oct 12 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 24 1936 to Oct. 8 1936

I last saw him alive on Oct. 8 1936 Death is said to have occurred on the date stated above, at 7:07 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis + Mitral Regurgitation

Other contributory causes of importance:

Exhaustion 10/7/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. H. Campbell M. D.

Address 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F 27983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27983

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wesley Hospital No. 2* St., *134* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *1* mos. *12* ds. How long in U. S. If of foreign birth? *7* yrs. *1* mos. *12* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Miss Emma Bacon*6. DATE OF BIRTH (month, day, year) *March 6, 1891*7. AGE Years *35* Months *7* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *7-24-36*11. Total time (years) spent in this occupation *0061*12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Joseph Robert*14. BIRTHPLACE (city or town) *Balto*
(State or country)15. MAIDEN NAME *Nellie Murphy*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Wife*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *New Bethel* Date *Oct 12, 1936*19. UNDERTAKER *Harry H. White*
(Address) *4108 Elmwood Ave*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-7-36* 19

22. I HEREBY CERTIFY, That I attended deceased from

9-24-36 19, to *10-7-36* 19I last saw him alive on *9-24-36* 19. Death is said to have occurred on the date stated above, at *12:45* m.

The principal cause of death and related causes of importance were as follows:

Renal Calculus Date of onset *10-2-36*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *9-25-36*For what disease or injury? *Renal Calculus*What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

OCT 11 1936

Huntington Williams, M.D.

F 27984

F 27984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Haddon Ave Ward 1)Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sadie E. Norwood

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR Record(a) Residence: No. 4800 Haddon Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Divorced5a. ~~Married, widowed, or divorced~~ HUSBAND Vickers Norwood
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 10th 19007. AGE Years 36 Months 6 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book folder9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Clifton Forge Va13. NAME Louis T. Gore14. BIRTHPLACE (city or town) (State or country) Balto & Md15. MAIDEN NAME Bertha Tesker16. BIRTHPLACE (city or town) (State or country) N.C.17. INFORMANT Louis T. Gore
(Address) 4800 Haddon Ave18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 13th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 193622. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Oct 10, 1936I last saw him alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 7³⁰ P.m.

The principal cause of death and related causes of importance were as follows:

Paralytic AgitationDate of onset
1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) A. C. Smith M. D.(Address) 4509 Liberty Hgts

CT 11 1936

F 27985

F 27985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 North Castle St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 518 North Castle St., Ward. Hold No. City

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21st 1890

7. AGE Years 46 Months 3 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police 1061
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt
10. Date deceased last worked at this occupation (month, year) 1921 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltimore City (State or country)

13. NAME Winfield Bullock

14. BIRTHPLACE (city or town) Md. 9th (State or country)

15. MAIDEN NAME Thomas Todd

16. BIRTHPLACE (city or town) Noyes Co (State or country)

17. INFORMANT Mrs. Monie Caggett (Address) 518 North Castle St.

18. BURIAL, CREMATION, OR REMOVAL Place London Pl. Date 10/12/36

19. UNDERTAKER 1217 2nd St. (Address)

20. FILED 11-1-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9th 193622. I HEREBY CERTIFY, That I attended deceased from April 1936 to October 9th 1936I last saw him alive on October 9th 1936 Death is said to have occurred on the date stated above, at 6⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Squamous Cell Carcinoma of jaw

Date of onset

1935

Other contributory causes of importance:

Metastasis to tongue, pharynx, Larynx & chest

Name of operation: Excision of Rt. mandible Date of 1935

What test confirmed diagnosis? Biopsy Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lauriston L. Brown M.D.

(Address) 1938 Linden Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C-1 11-1-36

F 27986

F 27986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME

Elizabeth W. McElroy

(a) Residence: No.

5310 St. Albans Way St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anthony B. McElroy

6. DATE OF BIRTH (month, day, year)

Oct. 10, 1863

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

73

--

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

FATHER

13. NAME

Robert D. Morrison

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Mary Frances Mullen

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

James W. McElroy

(Address)

5310 St. Albans Way

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cemetery 10/12 36

19. UNDERTAKER

(Address)

Henry W. Mears and Son
800 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1936, to Oct. 9, 1936

I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 8:27 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized carcinomatous
(primary growth not known)
Intestinal obstruction
Generalized cachexia

Date of onset

Other contributory causes of importance:

Angina pectoris

Was an operation performed?

Yes

Date of

Sept 22, 1936

For what disease or injury?

Exploration

What test confirmed diagnosis? Operative

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

19

Register

F 27987. HEALTH DEPARTMENT—CITY OF BALTIMORE

17721

F 27987.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 10-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Margaret Gladstone

If U.S. Veteran

specify WAR _____

(a) Residence: No. 726 Mura St.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 7-19-1916

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 20 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Charles (Deceased)

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Catherine Connley

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10-13 1936

19. UNDERTAKER C. J. Fanning & Son (Address) 1938 E. Lafayette Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-6 1936 to 10-10 1936

I last saw her alive on 10-10 1936 Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 11 days

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John F. Rainey

(Address) Baltimore City Hospital

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

OCT 11 1936

Re: Fanning & Son

27988

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Fingloss 27988

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 E. Oliver St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice Catherine Meredith

If U. S. Veteran

specify WAR

(a) Residence: No. 2234 E. Oliver St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, name of husband or (or) WIFE of Roscoe Meredith

6. DATE OF BIRTH (month, day, year) June 7th 1894

7. AGE Years 42 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Isaac J. Milligan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie C. Hopkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Roscoe Meredith (Address) 2234 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 10/12/1936

19. UNDERTAKER E. J. Fanning & Son (Address) 1938 E. Lafayette Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Oct. 9, 1936

I last saw him alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B.

Date of onset

6 mos.

Other contributory causes of importance:

Myocardial Infarct

2 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Fingloss 2007 E. Pratt St.

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F 27989 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27989

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Lakeview Ave. St. 13-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Lowenthal

(a) Residence: No. 2445 Lakeview Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Lowenthal

6. DATE OF BIRTH (month, day, year) May 10th. 1877

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 59 | 5 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Petersburg, Va. (State or country)

13. NAME Morris Reinach

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Jacob Lowenthal (Address) 2445 Lakeview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Oct. 12, 1936

19. UNDERTAKER David Bronsheim (Address) 1902 Eutaw Place.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1936

22. I HEREBY CERTIFY that I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably apoplexy
Hypertension
Atherosclerosis
High Blood Pressure

Date of onset 10/10/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy 210

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner (Address) 850 W. 36th. St.

Information should be carefully supplied. AGE should be stated exactly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OCT 11 1936

F 27990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Bentalou St. St. 720-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME WILLIAM EDWARD KOONTZ

If U. S. Veteran

specify WAR

(a) Residence: No. 406 S. Bentalou St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of EMMA I. Koontz (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24 - 1869

7. AGE 66 Years 10 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Fire

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmitsburg Maryland (State or country)

13. NAME John E. Koontz

14. BIRTHPLACE (city or town) Emmitsburg Maryland (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Emma I. Koontz (Address) 406 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 12 1936

19. UNDERTAKER (Address) B. B. Thigpen & Son

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 18 1936 to Oct. 7 1936

I last saw him alive on Oct. 7 1936. Death is said

to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

Splenoma Myelogenous Leukemia 4/36

Other contributory causes of importance:

Pulmonary edema 10/6

Was an operation performed? No Date of

For what disease or injury?

Name of operation Splenectomy + X-Ray Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) James H. Thigpen M. D.

(Address) 741 Medical Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F 27991

F 27991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 0077. Belmont St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Christina Elizabeth Mohr

If U. S. Veteran

specify WAR

(a) Residence: No.

0077. Belmont St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of

Robert B. Mohr

6. DATE OF BIRTH (month, day, year)

Mar. 24-1894

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

42

6

14 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shoesmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Ind

FATHER

13. NAME

George Young

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Annie Blaylock

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

(Address)

Elizabeth Mohr 0077 Belmont

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem. Date Oct. 12, 1936

19. UNDERTAKER

(Address)

C. Miller & Son 2334 Jefferson

20. FILED

H. L. Miller, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

OCT 8-1936

22. I HEREBY CERTIFY That I attended deceased from

June 5, 1936 to OCT 8-1936

I last saw him alive on OCT 8-1936 Death is said

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1936

Other contributory causes of importance:

Pulmonary Stenocardia

1936

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

(Address)

M. D.

Edward L. Wood 4137 Jefferson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F 27992

F 27992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Madison Ave St. 13-1 Ward)Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2513 Madison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced. (write the word) Married5a. If married, widowed, or divorced Widowed (or) WIFE of John H. Franks6. DATE OF BIRTH (month, day, year) April 7, 18917. AGE Years 45 Months 6 Days 1 if LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 12-1-36 11. Total time (years) spent in this occupation 25 yrs12. BIRTHPLACE (city or town) (State or country) Laurens, S.C.13. NAME Nathaniel Coasey
14. BIRTHPLACE (city or town) (State or country) Laurens, S.C.15. MAIDEN NAME Laura Hunter
16. BIRTHPLACE (city or town) (State or country) Laurens, S.C.17. INFORMANT Daughter
(Address) 2513 Madison Ave18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 11, 193619. UNDERTAKER Mrs Katie P. Williams
(Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to October 8, 1936I last saw him alive on October 8, 1936. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion10-5-36

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Nathaniel Coasey M. D.(Address) 2445 Union Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F 27993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27993

CERTIFICATE OF DEATH

17754

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 4-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shields, Elonza

If U. S. Veteran

Specify WAR

(a) Residence: No. 764 Wesche St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|--|
| 3. SEX M | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) S |
|-------------|-----------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-9-1935

| | | | | |
|-----------------|-------|-------------|-----------|--|
| 7. AGE 1 Yr. | Years | Months 8 | Days 1 | If LESS than 1 day, hrs. or min. |
|-----------------|-------|-------------|-----------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Lester

14. BIRTHPLACE (city or town) S. C.
(State or country)

15. MAIDEN NAME Gladys Cheeseboro

16. BIRTHPLACE (city or town) S. C.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date Oct. 12, 1936

19. UNDERTAKER Mrs. Kate P. Williams
(Address) 322 N. Schenck St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-8-36, to 10-10-36

I last saw him alive on 10-10-1936 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Lead Poisoning

Date of onset 10-8-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. B. Jones
Baltimore City Hospital

M. D.

PHYSICIANS should be stated EXACTLY. Exact statement of, state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CT 1: 1936

F 27994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2281 Reisterstown Road Ward) 13-4 958Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2281 Reisterstown Road Ward. (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Minnie L. Jennings (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 11 - 18627. AGE Years 73 Months 9 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port De Posit Maryland13. NAME Jacob Jennings14. BIRTHPLACE (city or town) (State or country) Port De Posit Maryland15. MAIDEN NAME Eliza Hart16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Minnie L. Jennings (Address) 2281 Reisterstown Rd18. BURIAL, CREMATION, OR REMOVAL Place Green Park Date Oct. 12, 193619. UNDERTAKER Gosiah Syfer (Address) 1601 North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 193622. I HEREBY CERTIFY, That I attended deceased from 1931, to Oct 9, 1936I last saw him alive on Oct 5, 1936 Death is said to have occurred on the date stated above, at 5-10 P.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic Cardiac - Coronary Disease

Date of onset

1931

Other contributory causes of importance:

Coronary Occlusion (over)Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Arthur H. Knapp M. D.(Address) 1216 E. Prichard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

F. 27995

F 27995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Lincoln Hospital*

CITY OF BALTIMORE: (No.)

St. *15-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Joseph Pothoschick*(a) Residence: No. *3639 Liberty St.*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of *Lena Pothoschick*6. DATE OF BIRTH (month, day, year) *1854*7. AGE Years *82* Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butcher*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0013*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*
(State or country)

FATHER

13. NAME *Ladok Pothoschick*14. BIRTHPLACE (city or town) *Germany*
(State or country)

MOTHER

15. MAIDEN NAME *Lea Loewenst*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Julius Pothoschick*(Address) *3509 Birch Park Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Beth Shalom*Date *10/11/36* 1919. UNDERTAKER *Jack Fenn*(Address) *1437 E. Mt. Vernon*20. FILED *11/11/36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/10/36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Hypertensive Pneumonia
Renal
Cardio-vascular disease*

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *Sept 26, 1936*Where did injury occur? *on road near*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Highway*Manner of injury *Knock down by auto while*Nature of injury *Crossing street*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Julius Pothoschick*

Coroner

M. D.

(Address) *409 N. Charles*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 11 1936

F 27996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 East Madison St., 11-2 Ward)Length of residence in city or town where death occurred 20 yrs. 6 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Henry Edgar Boykin(a) Residence: No. 14 East Madison St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 936

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMy Emily S. Boykin

6. DATE OF BIRTH (month, day, year)

Feb. 3, 1881

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.5587

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1929

11. Total time (years) spent in this occupation

27

12. BIRTHPLACE (city or town) (State or country)

North Carolina

FATHER

13. NAME

Edward J. B. Boykin

14. BIRTHPLACE (city or town) (State or country)

North Carolina

MOTHER

15. MAIDEN NAME

Patterson Rodwin

16. BIRTHPLACE (city or town) (State or country)

North Carolina

17. INFORMANT

(Address)

Edith Mrs. Emily S. Boykin
14 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Richmond, Va

Date

Oct/3, 1936

19. UNDERTAKER

(Address)

27 S. Lickens Ave
North Anne Arundel

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 25, 1925 to Oct. 10, 1936I last saw him alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
and fatty degeneration
of liverDate of onset
Before
1925

Other contributory causes of importance:

acute dilatation
of heartWas an operation performed? no Date of no

For what disease or injury?

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (trauma) fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Brown M. D.(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

Huntington
101

27997

10595

F 27997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Baltimore City Hospital** St. **8-13** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: **4** yrs. **4** mos. **4** da. How long in U. S. If of foreign birth? **4** yrs. **4** mos. **4** da.

2. FULL NAME

Otto C. Seifert

If U.S. Veteran

specify WAR

(a) Residence: No.

2417 E. Biddle St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
 HUSBAND of **Anna**
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) **6-17-1893**

| | | | | |
|---------------------|-------|--------------------|-------------------|----------------------------------|
| 7. AGE 43 | Years | Months 3 | Days 22 | If LESS than 1 day, hrs. or min. |
|---------------------|-------|--------------------|-------------------|----------------------------------|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) **Md.**
(State or country)13. NAME **Otto**14. BIRTHPLACE (city or town) **Bermary**
(State or country)15. MAIDEN NAME **Margaret Milchling**16. BIRTHPLACE (city or town) **Md.**
(State or country)17. INFORMANT **B. C. H. Records**
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place **Holy Redeemer, Oct 13, 1936**19. UNDERTAKER **John C. Miller**
(Address) **2433-35 E. Biddle St.**20. FILED **RECEIVED**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **10-9**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from

9-24, 19**36** to **10-9**, 19**36**I last saw him alive on **10-9**, 19**36** Death is saidto have occurred on the date stated above, at **1145** m.

The principal cause of death and related causes of importance were as follows:

Bilateral pulmonary tuberculosis

Date of onset

?

Other contributory causes of importance:

Was an operation performed? **yes** Date of **9-28-36**For what disease or injury? **Tuberculosis, Removal of ribs**What test confirmed diagnosis? **physical & x-ray** **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

W. H. Hooper M. D.

(Address)

Balt. City Hosp.

VS 3

OCT 11 1936

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27998

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27998

CERTIFICATE OF DEATH

17627

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Warren LewisIf U.S. Veteran
specify WAR(a) Residence: No. 231 W. Biddle Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-24-19227. AGE Years 14 Months 7 Days 16 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country)13. NAME Charles Lewis14. BIRTHPLACE (city or town) D.C.
(State or country)15. MAIDEN NAME Alice Boyd16. BIRTHPLACE (city or town) D.C.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. St. Date 10/12/3619. UNDERTAKER W. Ernest Jarvis
(Address) 14 32 4th St. N.W. (D.C.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-3622. I HEREBY CERTIFY, That I attended deceased from 10-2 1936 to 10-10 1936I last saw him alive on 10-10 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Asphyxia due to Aspiration of Stomach Contents

Date of onset

10-10-36

Other contributory causes of importance:

CachexiaSexual Mor.Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospital

OCT 11 1936

N. B.—WRITE PLAINLY, WITH CARE, AND IN INK. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 27999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Wendover Rd. St. 12-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 216 Wendover Rd. St. 12-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William K. Atkins

6. DATE OF BIRTH (month, day, year) Aug 16, 1853

7. AGE Years 83 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Alexander Milburn

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Thomas Gregory

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Alexander P. Atkins

18. BURIAL, CREMATION, OR REMOVAL (Address) 216 Wendover Rd.

19. UNDERTAKER (Address) 1217 8th Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Oct 10, 1936

I last saw h. a. alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 7:40 PM

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (left hemisphere)

Other contributory causes of importance: Arteriosclerosis

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 E. Main St.

OCT 12 1936

F 28000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28000

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp Ward)Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mrs. Margaret McLean(a) Residence: No. 3525 Old York Rd. St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of James McLean
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 78 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Housewife 003712. BIRTHPLACE (city or town) England
(State or country)13. NAME John Crump
14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT W. H. McLean (son)
(Address) Lat. 4. Hill Rd. Rock Raven
Towson, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Soudon Park Cem. Date Oct 12, 193619. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 2622. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1936 to Oct. 10, 1936.I last saw h.s. alive on Oct. 9, 1936. Death is said to have occurred on the date stated above, at 10⁵⁰ A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

OCT 12 1936

Registrar

N. E.—WRITE PLAINLY, WITH UNFOLDING FOR THE PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be carefully supplied. AGE should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28001

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

710 N Bruce Street

CITY OF BALTIMORE: (No. 710 N Bruce St. 16-3)

Length of residence in city or town where death occurred yrs. mos. ds.

1 yr. 5 mos. 15 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E Green

(a) Residence: No. 710 N Bruce St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 8th 1886

7. AGE

Years 50

Months 4

Days 1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Calif

FATHER

13. NAME

Charles Green

14. BIRTHPLACE (city or town) (State or country)

Washington

MOTHER

15. MAIDEN NAME

Minnie Green

16. BIRTHPLACE (city or town) (State or country)

Calif

17. INFORMANT

Jermie Maltby

(Address)

710 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Augustine

Date

Oct. 13

19. UNDERTAKER

(Address)

James E. Wright

700 N. Carrollton Ave

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 9th 1936

22.

I HEREBY CERTIFY, That I attended deceased

from Sept 30th 1936 to Oct 9th 1936

I last saw deceased alive on

Oct 9th 1936

Death is said

to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

No

For what disease or injury?

No

Name of operation

No

Date of

No

What test confirmed diagnosis?

Regular

Where an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28002⁷
3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28002

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____

St. 7-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 13 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Martin Christopher

(a) Residence: Hurlock Md

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Nov 29-1934

7. AGE Years 1 Months 22¹⁰ Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Andrew Christopher

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Della M Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hurlock Md Date Oct. 14 1936

19. UNDERTAKER J. P. Thompson & Son

(Address) Federal Bldg Md

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept 28 1936 to Dec 11 1936

I last saw him alive on Dec 11 1936 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

Dysentery, bacillary

Date of onset Sept 28

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Stool Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Wm. C. Staples Jr.

M. D.

(Address) Johns Hopkins Hospital

OCT 12 1936

F 28003

F 28003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Webster

St. 24-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Thomas

If U. S. Veteran

specify WAR

(a) Residence: No. 1325 Webster

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Mary V. Thomas
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 27 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Lebanon Thomas

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Laura Waters

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Mary V. Thomas
(Address) 1325 Webster St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 12, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Oct 8, 1936

I last saw him alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease

Date of onset

1936

Other contributory causes of importance:

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

M. D.

(Address)

1325 Webster St.

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28004 HEALTH DEPARTMENT—CITY OF BALTIMORE 17206 28004
59
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 40 St. 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cicero Stanley

(a) Residence: No. 1079 W. Fayette St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Emma
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/13/1872 1876

7. AGE Years 60 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Stanley

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary

Date Oct 12 1935

19. UNDERTAKER Elroy Wilson
(Address) 1000 Brantley Ave

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-16 1936 to 10-8 1936

I last saw him alive on 10-8 1936 Death is said

to have occurred on the date stated above, at 2 40 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

?

Other contributory causes of importance:

Septicemia Staphylococcus 4 days
Abscess of back 1 mb

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? physical + autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W A Hoover M. D.

(Address) Balt. City Hosp.

OCT 12 1935

F 28005 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 David Bellvue St., 17-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 1116 David Bellvue St., 17-2 Ward.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1883

7. AGE Years 52 Months 6 Days 3 If LESS than 1 day, hrs. 27 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa (State or country)

13. NAME Anderson

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Daisy Stewart (Address) 27 Carroll St. Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Aubin Date 10-12-1936

19. UNDERTAKER Mrs. H. H. Holland (Address) 1031 David Bellvue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Oct 8, 1936

I last saw her alive on Oct 6, 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Uterus

Date of onset 1931

Other contributory causes of importance:

Quite insignificant

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Pettigrew M. D.

(Address) 817 Hamilton Terr

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

Registrar, Wm. H. H. Holland

Spec. 12-9-35-A-10-200 B.S.
F 28006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28006

CERTIFICATE OF DEATH.

REGISTERED NO. 43 42640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2538 Madison St. 13-3 Ward)

2-FULL NAME John Bugby Howard Jr.

(a) RESIDENCE NO. 2538 Madison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. 6 ds.

(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1936

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to Oct 11, 1936, that I last saw him alive on Oct 11, 1936, and that death occurred, on the date stated above, at 2:15 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Wally, M. D.

Oct 11 1936 (Address) 5154 Ingleton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

18-14-1936
19-14-1936
20-14-1936
21-14-1936
22-14-1936
23-14-1936
24-14-1936
25-14-1936
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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. Eden St., 9-4 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MISS ANNIE E. MITCHELL

If U. S. Veteran

specify WAR.

(a) Residence: No. 1529 N. Eden St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) April 25.1857

7. AGE Years 79 Months 5 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William Mitchell

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Martha A.C. ?

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Henrietta Mitchell

(Address) 4311 Raspe Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Oct. 12. 1936

HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore & Broadway.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9. 1936, 19

22. I HEREBY CERTIFY. That I attended deceased from Oct 1, 1936 to Oct 9, 1936

I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 8.15 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Oct 9, 1936

Other contributory causes of importance:

as this is chronic thrombotic

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

F 28008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28008

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1619 Covington* St. *24-4* Ward)Length of residence in city or town where death occurred *five* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *John Wm. Wroten Sr.*(a) Residence: No. *1619 Covington* St., Ward. (If non-resident give city or town and State)Registered No. *108*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widower</i> |
| 6a. If married, widowed, or divorced HUSBAND of <i>Sarah J. Wroten</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>June 1871</i> | | |
| 7. AGE Years <i>65</i> Months <i>9</i> Days <i>3</i> | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Light Mechanic</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Union Trust Co.</i> | | |
| 10. Date deceased last worked at this occupation (month and year) <i>Dec 31 1936</i> | | |
| 11. Total time (years) spent in this occupation <i>10 yrs.</i> | | |

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *William Wroten*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Lauria Rush*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Mrs. Violet Woodward*
(Address) *1619 Covington St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Bedon Hill* Date *Oct 13 1936*19. UNDERTAKER *A. Samuel Evans*
(Address)20. FILED *10*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 10 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 7th 1936* to *Oct 10 1936*I last saw him alive on *Oct 10 1936* Death is said to have occurred on the date stated above, at *9 P* m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia *10/6/36*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edmund J. Street* M. D.(Address) *721 E. Fort Ave.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

F 28009

F 28009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *1-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Isadore Slatnick

If U. S. Veteran

specify WAR _____

(a) Residence: No. *104 S Collington Ave*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *of Rose*6. DATE OF BIRTH (month, day, year) *1891*7. AGE Years *45* Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer store*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0034*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Isadore Slatnick*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Ether ?*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *William Caplan*
(Address) *100 S Collington Ave*

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Burial Society Date *Oct 12, 1936*19. UNDERTAKER *Samuel Greenman Bros*
(Address) *1127 E Baltimore St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 11*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *10-2-36*, 19____, to *10-11-36*, 19____I last saw him alive on *10-11-36*, 19____. Death is said to have occurred on the date stated above, at *10 P. M.*

The principal cause of death and related causes of importance were as follows:

*Cardiac insufficiency*Date of onset *9-28*

Other contributory causes of importance:

*Rheumatic heart disease**1931**Brandy consumption, type undetermined 10-6*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Albert S. Schwartz*

M. D.

(Address) *Sinai Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

St. Augustine Hospital, Md.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 28010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Linden 45-2 Ward)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth 15 yrs. 5 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 1841 Pulaski

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No. 87-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Samuel
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Plot

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Zenuk

(Address) 1716 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Not Buried Date 10-12-36

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St

20. FILED A. E. J. Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-36

22. I HEREBY CERTIFY That I attended deceased from Sept. 1935 to Oct-11- 1936

I last saw him alive on Oct-11- 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Sclerosis
with Senile Dementia

Date of onset

about
1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Herman Seidel

(Address)

2404 E. Baltimore St

F 28011

F 28011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N Carey St., 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1104 N. Carey St., 16-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leallas Wright6. DATE OF BIRTH (month, day, year) May 2, 19057. AGE 31 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME William Calamary14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Ruth Brown16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Leallas Wright(Address) 1104 Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mc Auburn Date Oct 12, 193619. UNDERTAKER Thomas E. Nelson(Address) 1303 Paustern St.20. FILED 1936A. E. J. Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Harn(Address) 7215 Harnway

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 28012

319078

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28012

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred ... yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. mos. ds.

2. FULL NAME

Marjella Johnson

(a) Residence: No. St., Ward.

405 Colvin
(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

-

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

-

6. DATE OF BIRTH (month, day, year)

May-17-1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

4

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

Johnson

14. BIRTHPLACE (city or town) (State or country)

Wash

MOTHER

15. MAIDEN NAME

Martha Marshall

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place M. Carey St Date 10-12-1936

19. UNDERTAKER

(Address)

1218 Mc Carey St
Wright

20. FILED

OCT 12 1936

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 24, 1936, to Oct 9, 1936

I last saw her alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 245 A.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset
9/24/36

Other contributory causes of importance:

Acute Media

10/7/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 28013

F 28013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Hospital 17-2 St. 17-2 Ward)Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 12 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1033 Argyll Ave St., 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Sept 14 19007. AGE Years 36 Months — Days 25 If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Cottsville Md.
(State or country)13. NAME Charles14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Laura Adam16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Grace John (State)
(Address) 1708, Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Unburied, Star Line Date Oct 12 1936

19. UNDERTAKER

(Address) 1708, Harlem Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Miliary tuberculosis Sept 1

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. V. Wright M. D.(Address) 1010 S. Ellwood Ave

Coroner

M. D.

OCT 12 1936

F 28014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Bouldin St. St., 16-10 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Ernest Herz(a) Residence: No. 226 S. Bouldin St. St.,Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced

HUSBAND of Elizabeth Herz
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 6 - 18687. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 8 7 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired at 1936
9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. Copper Works
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME William F. Herz
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unkorn
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Elizabeth Herz (Wife)
(Address) 226 S. Bouldin St.18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Oct 12 193619. UNDERTAKER Lilly & Ziller Inc.
(Address) 403 N. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 193622. I HEREBY CERTIFY That I attended deceased from Oct 2, 1936 to Oct 9, 1936I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 10/2/36

Other contributory causes of importance:

Acute Myocarditis 10/8/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Obduction Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) H. B. Titlow M. D.(Address) 315 S. Highland Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

F 28015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28015

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-3 Ward Life)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madelaine C. Martin

If U. S. Veteran

specify WAR

(a) Residence: No. 2705 Godwood Rd. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWalter B. Martin6. DATE OF BIRTH (month, day, year) June 12, 18737. AGE Years 63 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Henry Ewalt14. BIRTHPLACE (city or town) Balto.
(State or country) Md.15. MAIDEN NAME May S. McElwee16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Harry N. Ewalt
(Address) 2705 Godwood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 10/12 193619. UNDERTAKER Frederick A. Cole
(Address) 1700 W. Lombard St.20. FILED 3 1936

Registrar.

Huntington Williams, Jr.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler(Address) 1915 North Ave.

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

F 28016

✓ F 28016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-1 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME George Hylant Pfaff(a) Residence: No. 4140 Wilkens Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lillie M. Pfaff
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 11, 18967. AGE Years 40 Months 4 Days 29 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburgh Plate Glass
10. Date deceased last worked at this occupation (month and year) October 10, 1936 11. Total time (years) spent in this occupation 26 yrs12. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandFATHER 13. NAME Adam Pfaff14. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandMOTHER 15. MAIDEN NAME Elizabeth Fessler16. BIRTHPLACE (city or town) Frederick
(State or country) Maryland17. INFORMANT Mrs. Lillie M. Pfaff
(Address) 140 Wilkens Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cem. Date October 13, 193619. UNDERTAKER W. H. H. H. H.
(Address) 2003 N. Baltimore St.

20. FILED

OCT 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)to his death on the day stated above, 2.55 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Sudden death

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed)

(Address) 1939 Edmonson Ave.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *On Fairmount Avenue St. 6-4*rd)Length of residence in city or town where death occurred *50* yrs. *5* mos. *25* ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

Arthur Baldwin

(a) Residence: No.

1911 Fairmount Avenue

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced

HUSBAND of
(or WIFE of)

Margaret Nash

6. DATE OF BIRTH (month, day, year) April 14, 1886

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 50 | 5 | 25 | |

| | | |
|------------|---|------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Presser |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Columbia Specialty Co. |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Theodore Baldwin

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Rose McEldrey

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Margaret Baldwin
(Address) 901 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Placed in *Moreland Park Cem.* 10/13/36

19. UNDERTAKER

(Address)

Henry W. Meacham & Son
805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull
lacerating scalp

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury 10/9/1936Where did injury occur *In front of 716078 Fairmount Ave. Baltimore*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *On street*Manner of injury *Fell on pavement*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

M. D.

(Address)

1919 E. North Ave.

Coroner

OCT 12 1936

Registrar

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28018

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Yale Ave. St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wilhelmina Schneider

If U. S. Veteran

specify WAR

(a) Residence: No. 421 Yale Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Charles Schneider (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1864.

7. AGE 71 Years 9 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dougalat

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles Schneider (Address) 421 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Paul, Violetville 10/12/36

19. UNDERTAKER Harry S. Switzke (Address) 4101 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10th 193622. I HEREBY CERTIFY, That attended deceased from August 1934 to Oct. 10th 1936I last saw him alive on Oct 9th 1936 Death is saidto have occurred on the date stated above, at 7¹⁰ m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Hemiplegia

Date of onset

1 year

Other contributory causes of importance:

Intestinal Obstruction 1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

F 28019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Roland Ave. 13-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3818 Roland Ave. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed or divorced HUSBAND of Emma M. Gibson (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19-1846

7. AGE Years 90 Months 2 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, 0045
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md

13. NAME James F. Gibson

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md

15. MAIDEN NAME Minnie Sanders

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT Howard Gibson (Address) 3818 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Oct 13 36

19. UNDERTAKER A. S. Marshall (Address) 3539 Falls Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-36 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1936 to Oct 11 1936

I last saw him alive on Oct 10 1936 Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Adrenal insufficiency

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Nathan W. Marshall M. D.

(Address) 1900 Mt Royal Ter

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1936

F 28020

F 28020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE CORRECTED 6-16-33
CERTIFICATE OF DEATH1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 75-9 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Vincent De Sciullo(a) Residence: No. 4027 Eastern ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary6. DATE OF BIRTH (month, day, year) 8-26-18977. AGE Years 39 Months 1 Days 15 If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Tin Worker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Italy

13. NAME

Vincent De Sciullo14. BIRTHPLACE (city or town)
(State or country)Italy

15. MAIDEN NAME

Giuseppina Di Sciullo16. BIRTHPLACE (city or town)
(State or country)Italy

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak LawnDate Oct 13 1936

19. UNDERTAKER

(Address)

Frank V. Ripitone
2818 E. Baltimore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 193622. I HEREBY CERTIFY, That I attended deceased from
Oct 1 1936 to Oct 11 1936I last saw him alive on Oct 11 1936 Death is said
to have occurred on the date stated above, at 540 A m.The principal cause of death and related causes of
importance were as follows:HaemochromatosisDate of onset
1933?

Other contributory causes of importance:

Was an operation performed? Yes Date of 1933For what disease or injury? Peritonitis, localized

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Palmer Howard Latimer M. D.(Address) Johns Hopkins Hospital

OCT 13 1936

F 28021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womens Hospital* St. *11-2* Ward)Length of residence in city or town where death occurred *73* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *204 W. Danvers* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

Widowed
(or) WIFE of*Pembroke Lee Thom*6. DATE OF BIRTH (month, day, year) *April 23-1864*7. AGE *73* Years Months *5* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md

13. NAME

Joseph H. Riegan

14. BIRTHPLACE (city or town) (State or country)

Balto Md

15. MAIDEN NAME

Annie Perlee Lowe

16. BIRTHPLACE (city or town) (State or country)

Dayton Ohio

17. INFORMANT

Mrs. Carlyle Barton

(Address)

Dayton Md

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Marys Cemetery* Date *Oct 15* 19 *36*

19. UNDERTAKER

John J. McKinney

(Address)

1115 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 12, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*April 23**1936*

to

October 12, 19 *36*I last saw her alive on *October 11*, 19 *36* Death is saidto have occurred on the date stated above, at *5:58 AM*.

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage**Rheumatic Heart Disease*

Date of onset

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

*Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Walter A. Bacher

M. D.

(Address)

1115 St Paul St

OCT 12 1936

F 28022

F 28022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3319 Egleston Rd* St. *15-9* Ward)Length of residence in city or town where death occurred *15 yrs*

2. FULL NAME

(a) Residence: No. *3319 Egleston Rd* St. *15-9* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced—HUSBAND of *Bartholomew C. Hatter* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 14, 1868*7. AGE *68* Years Months Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Merchant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)13. NAME *Leah Hatter*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Marie Pfeiffer*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Bartholomew Hatter* (Address) *3319 Egleston Rd*

18. BURIAL, CREMATION, OR REMOVAL

Place *Louisa Park* Date *OCT 14 1936*19. UNDERTAKER *Geo W Little* (Address) *12700 Little*20. FILED *13 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 11, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. *9:00 PM*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

High blood pressure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *O. Harry* Coroner M. D.(Address) *1315 N. Hanover*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 13 1936

F 28023

F 28023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Arlington Ave St. 27-2 Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. HinkesIf U. S. Veteran No Record
specify WAR(a) Residence: No. 2900 Arlington Ave St. 27-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Julma Hinkes
(or) WIFE of7. DATE OF BIRTH (month, day, year) Aug. 26-18967. AGE Years 40 Months 1 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Baking Co
10. Date deceased last worked at this occupation (month and year) Oct 1936 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town, State or country) Baltimore, Md13. NAME William Hinkes14. BIRTHPLACE (city or town, State or country) Baltimore, Md15. MAIDEN NAME Sarah E. Hinkes16. BIRTHPLACE (city or town, State or country) Baltimore, Md17. INFORMANT Julma Hinkes(Address) 2900 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London, York Date 10 14 193619. UNDERTAKER 7th Ave(Address) 1247 St Paul St20. FILED 13 1936 RECEIVED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 193622. I HEREBY CERTIFY, That I attended deceased from 10/7/36 19 to 10/11/36 19I last saw him alive on 10/11/36 19. Death is said to have occurred on the date stated above, at 11:10 AM

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 10/7/36

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date ofWhat test confirmed diagnosis None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Hy W. Golley M. D.(Address) 5703 Harbor Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28024

F 28024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 Pennsylvania Ward 3-3)Length of residence in city or town where death occurred 52 yrs. 4 mos. 8 da. How long in U. S. If of foreign birth? 52 yrs. 4 mos. 8 da.

2. FULL NAME

(a) Residence: No. 2643 Pennsylvania

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR None

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

(a. If married, widowed, or divorced)

HUSBAND of
(or) WIFE ofMary L. Stalfort6. DATE OF BIRTH (month, day, year) June 3rd 18847. AGE Years 52 Months 4 Days 8 If LESS than 1 day, 00 hrs. 50 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month, day, year) Sept 19/36 11. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME John H. Stalfort14. BIRTHPLACE (city or town) (State or country) Balto Md15. MAIDEN NAME Madona Schwaib16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mary L. Stalfort
(Address) 2643 Penna Ave18. BURIAL, CREMATION, OR REMOVAL
Place St. Andrew Date Oct 14, 193619. UNDERTAKER William Lewis
(Address) 1217 5th Ave20. FILED 13-1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 19/36 to Oct 11, 1936I last saw him alive on Oct 8, 1936 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
Blind

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Prostatectomy Date ofWhat test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Charles E. Clark M. D.(Address) 3214 Piedmont Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12659

F 28025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28025

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)Length of residence in city or town where death occurred yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. 10 mos. 10 ds.

2. FULL NAME

Richard N. Bowersox(a) Residence: No. 1317 W. Fayette St. St. 14-2 Ward. (If non-resident give city or town and State)Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Feb. 25, 19367. AGE Years 7 Months 17 Days 17 If LESS than 1 day, hrs. 17 or min. 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME Frank H. Bowersox14. BIRTHPLACE (city or town) Balto. Md. (State or country)15. MAIDEN NAME Martha Obrein16. BIRTHPLACE (city or town) Balto. Md. (State or country)17. INFORMANT Mrs. F. H. Bowersox (Address) 1317 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Pl. Harland Park Date Oct 14th 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed) F H Bowersox(Address) 2737 N. 12th St

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s o

F 28026

F 28026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 Kessuth St. 70-7 Ward)Length of residence in city or town where death occurred 42 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pearl J Cunningham(a) Residence: No. 129 Kessuth St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward O Cunningham6. DATE OF BIRTH (month, day, year) July 30 - 18947. AGE Years 42 Months 2 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) not13. NAME William Huber14. BIRTHPLACE (city or town) Baltimore (State or country) not15. MAIDEN NAME Katherine Huber16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Edward O Cunningham(Address) 129 S. Kessuth St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Oct 15 193619. UNDERTAKER John Huber(Address) 2108 Orleans St20. FILED 130

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above;

The principal cause of death and related causes of importance were as follows:

Sudden Coronary ThrombosisDate of onset last

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Thos. H. Phillips(Address) 1939 Edmondson St

M. D.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28027

HEALTH DEPARTMENT—CITY OF BALTIMORE

28027

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 455 N. Polyan 6-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 455 N. Polyan St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| Frances Jarvis | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| Sept 15-1880 | | |
| 7. AGE | Years | Months |
| | 86 | 0 |
| | | 27 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| Retired | | |
| 11. Total time (years) spent in this occupation | | |
| | | |

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1936 to Sept 12 1936

I last saw him alive on Sept 12 1936. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Auricular Fibrillation
Peripheral vascular disease
Hypertension

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Louis F. Kline M. D.

(Address) 2623 E. Monument

Back-View

F 28028

O.R. - Paul Rhenberg, M.D.

F 28028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 Gorsuch Avenue St. 9-5 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR Civil

2. FULL NAME Arthur Howell Jackson

(a) Residence: No. 644 Gorsuch Avenue (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of

Mary Jane Jackson

6. DATE OF BIRTH (month, day, year) April 23rd 1842

7. AGE Years 94 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manchester, England (State or country)

13. NAME Edward Benjamin Jackson

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Ann Williamson Powell

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs Anna A. Johnson (Address) 644 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

St John's-Waverly Date Oct 13th, 1936

19. UNDERTAKER J. J. Lickner & Sons (Address) North of Pikes

H. H. Hinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 10 1936 to Oct 10 1936

I last saw him alive on Aug 31 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

8/4

Other contributory causes of importance:

acute dilatation of heart 2 years

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. J. Lickner & Sons

(Address) 5121 N. Ave

M. D.

OCT 13 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28029

F 28029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Stricker St., 14-2 Ward)Length of residence in city or town where death occurred... yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.2. FULL NAME Barbara Lee Hubbard

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 111 N. Stricker

St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 24, 19367. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.13. NAME John L. Hubbard14. BIRTHPLACE (city or town) Cambridge,
(State or country) Md.15. MAIDEN NAME Mary Hall16. BIRTHPLACE (city or town) Cambridge,
(State or country) Md.17. INFORMANT John L. Hubbard
(Address) 111 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date Oct. 13, 193619. UNDERTAKER John A. Denny
(Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 193622. HEREBY CERTIFY, That I attended deceased from Oct. 11, 1936 to Oct. 13, 1936I last saw her alive on Oct. 12, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Whooping Cough Indefinite

Other contributory causes of importance:

Convulsions 10/14/36Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Thos. Campbell M. D.
(Address) 644 N. 8th St.

Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1936

28030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28030

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5109 Edmondson Ave. St. 28-4 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian West Nehl

(a) Residence: No. 5109 Edmondson Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of Charles Nehl (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1879

7. AGE Years 57 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Mordecai A. Almoney

14. BIRTHPLACE (city or town) White Hall (State or country) Md.

15. MAIDEN NAME Mary Ellen Warner

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT George A. Almoney (Address) Room 340, Post Office, City

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 13, 1936

19. UNDERTAKER Geo. J. Smith (Address) 1900 Eutaw Place, City

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 9, 1936, to Oct 10, 1936

I last saw her alive on Oct 10, 1936. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. H. Putterman M. D.

(Address) 2324 Reisterstown Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

OCT 13 1936

F. 28031

F 28031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hebrew Home for the Aged & Infirm*
 CITY OF BALTIMORE: (No. *Belvedere & Greenspring*, *227* Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *44* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Sarah Hurwitz*(a) Residence: No. *Belvedere & Greenspring*St., *27* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced
~~HUSBAND~~ *Late Solomon*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10 48*

7. AGE Years *88* Months Days If LESS than
 1 day, hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *None*
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
(State or country) *Russia*13. NAME *Nathan Berlin*14. BIRTHPLACE (city or town)
(State or country) *Russia*15. MAIDEN NAME *Sarah Berlin*16. BIRTHPLACE (city or town)
(State or country) *Russia*17. INFORMANT *Segmund Feinblatt*
(Address) *Belvedere & Greenspring*18. BURIAL, CREMATION, OR REMOVAL
Place *Hebrew Home* Date *Oct 13 1936*19. UNDERTAKER *Isol Feinblatt*
(Address) *1227 E. Baltimore*20. H. D. *13* 1936 21. Registrar *Edmund Levin*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from
March 20, 19*32*, to *October 12*, 19*36*I last saw her alive on *October 12*, 1936 Death is said
to have occurred on the date stated above, at *10³⁰* p.m.The principal cause of death and related causes of
importance were as follows:*Hyper tension*
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Chronic Bronchitis
Calculus, Bilateral

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify*Edmund Levin*
Levindale

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
 OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

28032

28032

CERTIFICATE OF DEATH

1. PLACE OF DEATH 408 East Lake Ave

CITY OF BALTIMORE: (No.)

St.

Ward 77-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 0 mos. 19 ds. How long in U. S. If of foreign birth 82 yrs. 0 mos. 19 ds.2. FULL NAME John David Williamson

(a) Residence: No.

408 East Lake Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

NO WAR SERVICE

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) Widow of Sarah Emma Williamson6. DATE OF BIRTH (month, day, year) Sept 22 1854

| | | | | |
|-----------|----------|-----------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>82</u> | <u>0</u> | <u>19</u> | | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>None</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME John David Williamson14. BIRTHPLACE (city or town) Baltimore Md
(State or country)15. MAIDEN NAME Jane O'Brien16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mr. Robert P. Price (son-in-law)
(Address) 408 East Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenland Park Date Sept 13/3619. UNDERTAKER Edward J. Morris
(Address) 1000 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936, to Oct 11, 1936I last saw him alive on Oct 11, 1936. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Name of operation None Date ofWhat post mortem diagnosis? Chronic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.(Address) 6010 York Road

FILED 13 1936

19

Registrar.

F 28033

M. D. D. 1268-9

F 28033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Pierce St. St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Deloris Knotts

(a) Residence: No. 724 Pierce St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Joseph Wooden

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Dorothy Knotts

16. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Dorothy Knotts (Address) 724 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 13, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 3221 Schermer St.

20. FILED 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 2737 N. 1st St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 28034

✓ 92-a
Registered

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Walker

(a) Residence: No. 1248 Fremont Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to Dec 12, 1936

I last saw him alive on Oct 8, 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chemical Analysis
of the Disease

Other contributory causes of importance:

10.12.17

Name of operation Date of

What test confirmed diagnosis?..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.....

place _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William F. Lee M. D.

(Address) 1928 Penna Ave.

Oct 13 1936

19. 11. 1935 2535-27-155 Registrar

28035

HEALTH DEPARTMENT—CITY OF BALTIMORE

28035

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Hilton St. 15-8 Ward)Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? ✓ 10 mos. da.

2. FULL NAME

(a) Residence: No. 3206 Hilton St. 15-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 96

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Simon
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18687. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Sidney Baer14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Fannie16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Simon Needle
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Ref Date 10-13-3619. UNDERTAKER Jack Lewis Inc.
(Address) 11439 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-3622. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to Oct 12, 1936I last saw him alive on 9P., 1936. Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

Aneurysm (Thoracic aorta) July 1936

Other contributory causes of importance:

Asphyxia (compression of trachea) Oct 12, 1936
Arteriosclerosis (S. & M. infarct) 1934Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Louis P. Hamburger M. D.(Address) 1207 Eastern Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

FILED 1936

28036

HEALTH DEPARTMENT—CITY OF BALTIMORE 28036

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Alameda Blvd. St. 9-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Bell Crook

(a) Residence: No. 2926 Alameda Blvd. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29, 1878

7. AGE 58 Years Months 1 Less If LESS than 1 day, 11 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Crook

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Katherine Campbell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Philip J. Stiles, (Address) 2926 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Bur. Date Oct. 13, 1936

19. UNDERTAKER Harry H. Hutzler (Address) 4101 Simonson Ave.

20. FILED OCT 13 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 7, 1936, 19. to Oct. 10, 1936, 19.

I last saw her alive on Oct. 10, 1936, 19. Death is said to have occurred on the date stated above, at 10.55 A. M.

The principal cause of death and related causes of importance were as follows:

Ac. dilatation heart
oedema of lungs
Chronic myocarditis

Date of onset

1 year

Other contributory causes of importance:

Arteriosclerosis
Interstitial nephritis

Was an operation performed? no

Date of

For what disease or injury?

No

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify

(Signed)

Albert G. Webster, M. D.

(Address)

6409 Belair Rd

H. F. Williams, M.D.

28037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28037

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 W. Hamburg St., 734 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 152 W. Hamburg St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -6. DATE OF BIRTH (month, day, year) Sept 30 1918

7. AGE Years Months Days 18 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Bethesda Md (State or country)13. NAME Roland Johnson14. BIRTHPLACE (city or town) va (State or country)15. MAIDEN NAME Emma Smith16. BIRTHPLACE (city or town) md (State or country)17. INFORMANT Frank Johnson(Address) 152 W. Hamburg St18. BURIAL, CREMATION, OR REMOVAL Place Int. Calvary St Date 10/14/36 19.19. UNDERTAKER Wm. L. Brown(Address) 152 W. Hamburg St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 193622. I HEREBY CERTIFY That I attended deceased from Sept 13 1936 to Oct 11 1936I last saw him alive on Oct 10 1936 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia with Effusion

Date of onset

?

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury?

Name of operation synthesis of clav Date of -What test confirmed diagnosis? synthesis of clav Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 19-

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Brown M. D.(Address) 107 W. 11th St

OCT 13 1936

F 28038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28038

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E. Hughes St. 22-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 30 E. Hughes St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs May Hughes

6. DATE OF BIRTH (month, day, year) July 5 1880

7. AGE Years 56 Months 3 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oxford Md (State or country)

13. NAME John Wright

14. BIRTHPLACE (city or town) Oxford Md (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Oxford Md (State or country)

17. INFORMANT Carrie Wright

(Address)

709 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 10/13/36 19

19. UNDERTAKER

(Address)

J. J. Wright & Son

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936 to Oct 3, 1936

I last saw him alive on Oct 3, 1936 Death in said

to have occurred on the date stated above, at 11:50 am.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1736

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 173 1936

F 28039

F 28039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 N. Lenwood Ave. St., 6-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Christopher Mohr(a) Residence: No. 37 N. Lenwood Ave. St., 6-1 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Margaret Ardell Mohr6. DATE OF BIRTH (month, day, year) Aug. 28, 18937. AGE Years 43 Months 1 Days 13 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Charles Mohr14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Annie Muller16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT Mrs. Margaret Mohr (Address) 37 N. Lenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Oct 14 193619. UNDERTAKER Frank V. Pipitone (Address) 2818 E. Balto. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Coronary EndarteritisWas an operation performed? No Date of

For what disease or injury?

Name of operation Clival Date ofWhat test confirmed diagnosis Clival Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chamber M. D.(Address) 1919 E. North Ave.

Coroner

M. D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

M. F. 28040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28040

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 W Lexington St., 18-1 Ward)

Length of residence in city or town where death occurred 3 weeks old yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 849 W Lexington St., 18-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mail 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3 weeks old

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buttrick Md

13. NAME Clarence Wadson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Saddle Bates

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Saddle Bates (Address) 849 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 13th 1936

19. UNDERTAKER Charles Wilson (Address) 1000 Brambleton Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-36

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1936 to Oct 12 1936

I last saw him alive on Oct 12 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? necropsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Luther P. Fath M. D.

(Address) 1409 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

FILED

19

Registrar

28041 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28041

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Elserode Ave 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary C. Brannan

If U. S. Veteran

specify WAR

(a) Residence: No. 4604 Elserode Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Fem. White Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Brannan

6. DATE OF BIRTH (month, day, year)

Jan 6, 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

75 - 9 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

Albert Hennings

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Mary Douglass

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Mrs. Raymond Conway

(Address) 4604 Elserode

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral, Date Oct. 14, 1936

19. UNDERTAKER

Fred. A. Brannan & Son

(Address) 1216 S. Charles St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 6, 1936 to Oct 10, 1936

I last saw him alive on Oct. 10, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & Myocardial Degeneration

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. J. Smith

M. D.

(Address)

4226 West End Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

17773

✓ F 28042

HEALTH DEPARTMENT—CITY OF BALTIMORE

28042

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward) 156-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jasper Ross

U.S. Veteran

specify WAR

(a) Residence: No. 1410 Parrish St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married (Separated)5a. If married, widowed, or divorced
HUSBAND of Alice
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18947. AGE Years Months Days If LESS than 1 day, hrs. or min.
428. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME ? 14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME ? 16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Union of Med. Date Oct 13 193619. UNDERTAKER
(Address) Commissioner of Health
Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-1936I HEREBY CERTIFY, That I attended deceased from 10-8 1936 to 10-10 1936.I last saw him alive on 10-9 1936 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Sepsis Arthritis (Organism unk) Date of onset 10-1-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John L. Rainey M. D.
(Address) Baltimore City Hospital

2653

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28043

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5-1 Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert White (17738)

(a) Residence: No. 146 Exeter St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Mary (D) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/20/1890

7. AGE Years 46 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tenn. (State or country)

13. NAME Adolphus

14. BIRTHPLACE (city or town) Miss. (State or country)

15. MAIDEN NAME Henrietta ???

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Under of Md.

Date Oct 13 1936

19. UNDERTAKER

(Address)

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/36

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1936 to October 8, 1936

I last saw him alive on October 8, 1936. Death is said to have occurred on the date stated above, 2 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Jul. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical here an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

Leon H. Feldman

M. D.

(Address)

Baltimore City Hospitals

CT 13 1936

2652

F 28044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28044

CERTIFICATE OF DEATH

Registered No. 16582

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 2-3 St. 119 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME

Baby Girl Wasowska

(a) Residence: No. 1607 Aliceanna St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

8/22/36

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

44 days-35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Frank Tylus

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Pearl Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Union of Med Date Oct 13 1936

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from

August 8, 1936, to October 6, 1936. Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance

Sparked Organ(?)

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If physician (Signed) Emile Rodon M.D.Address Baltimore City Hospital

OCT 13 1936

2651

PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

28045

HEALTH DEPARTMENT—CITY OF BALTIMORE 12739

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-1 Ward)Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John Dorsey

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 113 Welcome Alley

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18457. AGE Years Months Days If LESS than 1 day, hrs. or min. 918. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White-Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Frederick Maryland
(State or country)13. NAME John Dorsey14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Annie Key16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT B.C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Ans. of Md. Commissioner of Health Date Oct. 13, 193619. UNDERTAKER Commissioner of Health
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/3622. I HEREBY CERTIFY, That I attended deceased from 11-14 1930 to 10-10 1936I last saw him alive on 10-10 1936. Death is said to have occurred on the date stated above, at 8:15 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
10-10-36

Other contributory causes of importance:

Hypertensive Cardio-Renal Dis unkWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
NO
(Signed) John F. Ranney
(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 13 1936

Commissioner of Health
2650 H

28046 HEALTH DEPARTMENT—CITY OF BALTIMORE 28046

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Life Ward) 2-3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FREDERICK J. SCHNEIDER

(a) Residence: No. 1740 Fleet St. St., Ward. Life
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 2. 1831

7. AGE Years 75 Months 12 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Ferdinand Schneider

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna Woelfel

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Annie Ehr (Sister)
(Address) 1740 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem.
Place Date Oct. 14. 1936

HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore Broadway
(Address)

20. FILED 19 OCT 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Multiple fractures of right tibia and fibula
Shock

Date of death 10/11/36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury 10/11/36

Where did injury occur? Eastern Ave near Fleet St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Automobile crossing street

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Hubert Bailey M.D. M. D. Copier

(Address) 907 N Charles

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

OCT 13 1936

F 28047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) The Johns Hopkins Hospital St. 7-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1602 N. Lakewood Ave. St. 7-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 6, 1936

7. AGE Years Months Days If LESS than 1 day 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME James Barthka

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hermine Bohmer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place The Johns Hopkins Hospital Date Oct 12 1936

19. UNDERTAKER (Address) Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2:45 A.M. Oct 6, 1936, to 1:25 P.M. Oct 6, 1936.

I last saw him alive on Oct 6, 1936. Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis of lungs

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Per H. A. Moore M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 13 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

203
28048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JONES HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 31 Ward)

Registered No. 71-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. H- Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/15/91

7. AGE Years 45 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John Mason

14. BIRTHPLACE (city or town) M.C. (State or country)

15. MAIDEN NAME Elizabeth Sheridan

16. BIRTHPLACE (city or town) M.C. (State or country)

17. INFORMANT Records -

(Address)

18. BURIAL Place of Burial

Place of Burial

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 4, 1935, to Oct. 6, 1936

I last saw her alive on Oct. 6, 1936 Death is said to have occurred on the date stated above, at 3:24 P.M.

The principal cause of death and related causes of importance were as follows:

Aplastic anemia of unknown origin

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Rudolph C. Weber, M.D.

(Address) Johns Hopkins Hospital

FILED CT 13 1936

Register

195-38
F3 28049

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28049

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., 159 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Gail Coker

(a) Residence: No. 607 N. Castle St. St., 159 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/5/84

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ellen Coker

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME Ellen Christman

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Oct 13 1936

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED

Per H. A. Moore

Stanton Williams
2001 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 6, 1936

I last saw her alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 159 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Respiratory failure

Was an operation performed? N Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. C. Stupler Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS AGES should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 13 1936

F 28050

✓ F 28050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Carey St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1330 N. Carey St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Seaton

6. DATE OF BIRTH (month, day, year) Oct 30, 1882

7. AGE Years 32 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1936, Oct 10, 1936

I last saw her alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza. Coronary Embolus - 10/6/36 9:20 P.M.

Other contributory causes of importance:

Poly Arteritis Prior to Oct 10, 36

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Pressman St.

OCT 13 1936

Information should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28051

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 E. Monument St. 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Katherine Spears Young

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1429 East Monument St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Samson J. Young
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Jan. 28, 18687. AGE 68 Years 9 Months 11 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) (State or country) Rogersville Tenn.13. NAME Louis Spears14. BIRTHPLACE (city or town) (State or country) Tenn.15. MAIDEN NAME Sarah Netherlands16. BIRTHPLACE (city or town) (State or country) Tenn.17. INFORMANT Ralph J. Young, M.D.
(Address) Chon 1429 E. Monument St.18. BURIAL, CREMATION, OR REMOVAL park
Arbutus Memorial Date Oct. 15, 193619. UNDERTAKER Robert E. Williams
(Address) 1315 W. Eldridge St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 193622. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Oct. 11, 1936I last saw her alive on Oct. 11, 1936 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Oct. 11-36

Other contributory causes of importance:

Cardiac hypertrophy
Chronic bronchitis
ArteriosclerosisWas an operation performed? None Date of _____For what disease or injury? NoneName of operation None Date of _____What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Louis C. Young M. D.(Address) 2345 Madison Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1936

CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 6-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Clara (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/1/86

7. AGE 45 Months 4 Days 9 LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Patey Clark

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date Oct 14 1936

19. UNDERTAKER Robert V. Williams

(Address) 1515 Mt. Vernon St.

20. FILED 11-19-36

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-22, 1936 to Oct-10, 1936

I last saw him alive on Oct-10, 1936. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

Gangrene of lung, right,
Empyema, right,

Date of onset
10/1/36
10/5/36

Other contributory causes of importance:

Subacute bacterial endocarditis
Pulmonary infarcts (unknown organism)

?
9/24/36

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Frederick C. Weber

(Address) JOHN HOPKINS HOSPITAL

M. D.

F 28053

F 28053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 8-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME Frances Sables(a) Residence: No. 1412 Luzerne Avenue St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of James Sables
(or) WIFE of6. DATE OF BIRTH (month, day, year) January 12, 18587. AGE Years 76 Months 9 Days 0 If LESS than 1 year or min. 1 1/28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Albert Outridge14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Mary Nash16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Mrs. Loretta Gutridge
(Address) 810 Bonaparte Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Perry Hall Cem. Date Oct. 14, 193619. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hyphema pneumonia
fracture left femur

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 24 1936Where did injury occur? Back Mt.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury fall from stairsNature of injury fracture femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) _____

Coroner

M. D.

(Address) 1010 S. ...

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

FILED 1936

F 28054 HEALTH DEPARTMENT—CITY OF BALTIMORE 28054

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 C. Lombard St. Ward 2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds. If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 5015 Greenhill Ave. Ward ____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. F. Litzan

6. DATE OF BIRTH (month, day, year) June 1, 1898
7. AGE Years 38 Months 4 Days 9 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation 60 3/4

12. BIRTHPLACE (city or town) Balto Md. (State or country)

13. NAME Joseph Harris
14. BIRTHPLACE (city or town) Catonsville Md. (State or country)

15. MAIDEN NAME Anna Reynolds
16. BIRTHPLACE (city or town) Balto Md. (State or country)

17. INFORMANT Mrs. Edw. Litzan (Address) 5015 Greenhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 10/14/1936

19. UNDERTAKER L. H. Hymann & Son (Address) 321 Broadway

20. FILED H. E. Litzan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1936, to Oct 11 1936.

I last saw h. or alive on Oct 11 1936. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Robert Pneumonia

Date of onset
Oct 3/36
Oct 10/36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____ Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19 _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) L. H. Hymann M. D. (Address) 126 S. Patterson St. Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1936

F 28055 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Southway, Guilford 12-1 Ward)

Length of residence in city or town where death occurred 75.11 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Minnie Hymes

(a) Residence: No. 308 Southway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Hymes

6. DATE OF BIRTH (month, day, year) Nov. 12, 1860

7. AGE Years 75 Months 11 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Wm. H. Lohmeyer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elise Moelich

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Norwood B. Falconer (Address) 317 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery 10/14/36

19. UNDERTAKER Henry U. Meares (Address) 305 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to Oct. 12, 1936

I last saw her alive on October 12, 1936 Death is said to have occurred on the date stated above, at 6:37 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
bronchopneumonia

Date of onset

Oct 7 '36

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Norman B. Cole M. D.

(Address) 622 Medical Arts Bldg.

OCT 14 1936

M. D. B. 1268-9
F 28056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28056

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Aliceanna St. St. 3-1 Ward)Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME

Wladyslaw Kasprzyk (Kasprzyk)(a) Residence: No. 510 S. Bond St. St. 3-1 Ward. (If non-resident give city or town and State)Registered No. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Mary Kasprzyk (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER MOTHER

13. NAME Joseph Kasprzyk14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Unk.16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Helena Kasprzyk (Address) 1510 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Oct. 15, 193619. UNDERTAKER Fred W. Ozyzowski (Address) 1930 Eastern Ave.20. FILED 14-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation by hanging

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide suicide Date of injury Oct 12, 1936Where did injury occur? 1510 Aliceanna St. (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place at homeManner of injury HangingNature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Wright M. D.(Address) 1010 S. Eastern Ave.

F 28057

17759

F 28057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Baltimore City Hospital**)St. **14-3** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **William McCruder**

If U.S. Veteran specify WAR

(a) Residence: No. **2212 Druid Hill Ave.**

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX M | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of **Maggie**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **1873**

| | | | | |
|---------------------|-------|--------|------|----------------------------------|
| 7. AGE 63 | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---------------------|-------|--------|------|----------------------------------|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Waiter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Md.**13. NAME **Henry (Deceased)**14. BIRTHPLACE (city or town) (State or country) **Md.**15. MAIDEN NAME **Mary (Deceased)**16. BIRTHPLACE (city or town) (State or country) **Md.**17. INFORMANT **B. C. H. Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place **Wt. Auburn Cem** Date **10/14/36**19. UNDERTAKER **Ms. Francis A. Semley**
(Address) **578 W. Biddle St**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **10-11-36**22. I HEREBY CERTIFY, That I attended deceased from **10-8-36** to **10-11-36**I last saw him alive on **10-11-36** Death is said to have occurred on the date stated above, at **6:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
3 days

Other contributory causes of importance:

Was an operation performed? **No**

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Ranney
Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1936

F 28058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 8-7 St., 51-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James Taylor(a) Residence: No. 1631 E. Oliver St., 51-C Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Nathaniel B. Taylor
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/21/747. AGE Years 62 Months 3 Days 20 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) 0000
11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Geo. Taylor14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Anna Mitchell16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Oliver Cemetery Date 10-14-3619. UNDERTAKER Wendell E. Humphrey(Address) 501 N. Broadway20. FILED CT 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-11-193622. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936 to Oct-11-1936I last saw him alive on Oct-11-1936 Death is said to have occurred on the date stated above, at 3² p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the ProstateDate of onset 5/18/34

Other contributory causes of importance:

Psychotic deliriumJuly 1934Was an operation performed? YesDate of June 6, 1934For what disease or injury? Carcinoma of prostateWhat test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0000 Date of injury 0000

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Gilmore(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28059

28059

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp* St. *27-12* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *9* yrs. *1* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Douglas Wiley

If U.S. Veteran specify WAR

(a) Residence: No.

6617 Lycomore Rd St.

Ward.

(Usual place of birth)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *M*

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Alice Farson Wiley

6. DATE OF BIRTH (month, day, year)

*7-15-1894*7. AGE Years *40* Months *2* Days *28* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mt. Life Ins Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Canada
New Brunswick

FATHER

13. NAME

Harry Wiley

14. BIRTHPLACE (city or town) (State or country)

Canada

MOTHER

15. MAIDEN NAME

Mary Owens

16. BIRTHPLACE (city or town) (State or country)

Canada

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

*Woodlawn Cem*Date *Oct 15* 1936

19. UNDERTAKER

(Address)

Wm. J. Trickett & Son
North & Calver

20. FILED

Frederick M. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-13* 193622. I HEREBY CERTIFY, That I attended deceased from *10-10* 1936 to *10-13* 1936I last saw him alive on *10-13* 1936 Death is said to have occurred on the date stated above, at *2:30* p.m.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia - left lower lobe

Date of onset

10-8-36

Other contributory causes of importance:

*Pulmonary tuberculosis**9-7-36*

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? *Serum typing* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. Freeman M. D.

(Address)

Mercy Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 14 1936

F 28060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28080

CERTIFICATE OF DEATH

✓ 111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Woodland Ave. 27-17 St., Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edwin H. Shriver

(a) Residence: No. 3028 Woodland Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|--|
| 1. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of Josephine B. Shriver | | |
| 6. DATE OF BIRTH (month, day, year) June 4 - 1851 | | |
| 7. AGE 85 | Years 4 | Months 9 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Accountant | | 11. Total time (years) spent in this occupation 40 |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1916 | | 10. Date deceased last worked at this occupation (month and year) |
| 12. BIRTHPLACE (city or town) (State or country) Baltimore Md | | |
| 13. NAME Francis Shriver | | |
| 14. BIRTHPLACE (city or town) (State or country) Baltimore Md | | |
| 15. MAIDEN NAME Mabel A. Trempinger | | |
| 16. BIRTHPLACE (city or town) (State or country) Baltimore Md | | |
| 17. INFORMANT Josephine B. Shriver (Address) 3028 Woodland Ave | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 15, 1936 | | |
| 19. UNDERTAKER J. J. Jones (Address) | | |
| 20. FILED 14 1936 | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug. 1, 1936, to Oct 13, 1936

I last saw him alive on Oct 12, 1936 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic
Pneumonia

Date of onset

Oct 11, 1936

Other contributory causes of importance:

old age

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

R. E. Myers, M.D.
W. W. Myers, M.D.

D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28061

F 28061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3640 Reswick Road 13-7 Ward)Length of residence in city or town where death occurred file yrs. mos. ds. How long in U. S. If of foreign birth? file yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3640 Reswick Road St. 13-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Baker6. DATE OF BIRTH (month, day, year) Jan 31, 18667. AGE Years 70 Months 8 Days 12 If LESS than 1 day, 12 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10-37 10. Date deceased last worked at this occupation (month and year) 10-37 11. Total time (years) spent in this occupation 10-3712. BIRTHPLACE (city or town) md. (State or country)13. NAME Robert L. Sibley14. BIRTHPLACE (city or town) md. (State or country)15. MAIDEN NAME Amanda J. Wilson16. BIRTHPLACE (city or town) md. (State or country)17. INFORMANT Robert L. Baker (Address) 3640 Reswick Road18. BURIAL, CREMATION, OR REMOVAL Mountland Park Date Oct 15, 193619. UNDERTAKER Chenoweth & Co. (Address) 3615-17 Chestnut Ave.20. FILER Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936 to Oct. 13, 1936I last saw her alive on Oct. 13, 1936. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Feb. 2, 1936

Other contributory causes of importance:

ArteriosclerosisHypertension

1936

11Was an operation performed? No Date of 10-13-36For what disease or injury? NoneName of operation None Date of 10-13-36What test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 1936Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify None(Signed) Frank M. Baker M. D.(Address) 2701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 14 1936

F 28062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28062

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E. Barney

St. 23-2 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eva Boss

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

5 E. Barney

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John Boss

c. DATE OF BIRTH (month, day, year) April 26 1876

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 60 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Baehr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Siefert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Boss

(Address) 5 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 15, 1936

19. UNDERTAKER (Address)

John J. Henry 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1936 19

22. I HEREBY CERTIFY, That I attended deceased from

July 1936 to 10/12/36 I last saw him alive on 10/12/36 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical then an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John J. Henry M. D. 6703 Harper St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OCT 14 1936

F 28063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W Cross St. 23 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

James A Blanchard

If U. S. Veteran specify WAR _____

(a) Residence: No. 126 W Cross

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Elizabeth Blanchard6. DATE OF BIRTH (month, day, year) March 18687. AGE 67 Years 7 Months 12 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto (State or country) md13. NAME James Andrew Blanchard14. BIRTHPLACE (city or town) md (State or country)15. MAIDEN NAME Mary E Tucker16. BIRTHPLACE (city or town) md. (State or country)17. INFORMANT Elizabeth Blanchard (Address) 126 W Cross St18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Oct 15, 193619. UNDERTAKER John Derry (Address) 715 Light St

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 193622. I HEREBY CERTIFY That I attended deceased from Oct 5, 1936 to Oct 13, 1936I last saw him alive on Oct 13, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Other contributory causes of importance:

EmphysemaWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation none Date of _____What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) R. O. H. Gensper M. D.1936 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. 9. 3

OCT 11 1936

F.M. 28064

F 28064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St., 27 Ward 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bella Casanova

If U. S. Veteran

specify WAR

(a) Residence: No.

4524 Bayford Rd.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

W.

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Eugene Casanova

6. DATE OF BIRTH (month, day, year)

Nov. 28 1885

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

about 50

10

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

England

13. NAME

Wickham

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Wickham

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Eugene Casanova
4524 Bayford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 10-15 1936

19. UNDERTAKER

(Address)

Donald J. Bach
305 Bayford Rd.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 12 1936

22. I HEREBY CERTIFY, That I took charge of the corpse described above, held an inquest, and from the evidence obtained by said inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. H. Harn
1215 Hanson

Coroner

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE
F 28066 F 28066
CERTIFICATE OF DEATH 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2553 Madison Ave St. 13-1 Ward)

Length of residence in city or town where death occurred life moa. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2553 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced husband Isaac J. Bailey
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/5/1878

7. AGE Years 58 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family
10. Date deceased last worked at this occupation (month and year) 7/5/1878
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) md

13. NAME Lucius Johnson

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Caroline Potter

16. BIRTHPLACE (city or town) Baltimore
(State or country) md

17. INFORMANT Mr. Mildred Jones
(Address) 2553 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Banker Cemetery Date 10/15/1936

19. UNDERTAKER Mrs. Chas. C. Bailey
(Address) 21 Jefferson St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1936 to 10/12, 1936

I last saw her alive on 10/12, 1936 Death is said to have occurred on the date stated above, at 1:04 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

1934

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

1500 E. Madison

OCT 14 1936

F 28067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28067

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4509 St Georges Ave*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *30* mos. *10* ds. How long in U. S. If of foreign birth? yrs. *30* mos. *10* ds.

2. FULL NAME

(a) Residence: No. *4509 St Georges Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|--------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Col</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
|-----------------------|--------------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of *Mary E. Hill*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 25 1875*

| | | | | |
|-----------|-------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>61</i> | | <i>6</i> | <i>15</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) (State or country) *Tennessee*13. NAME *Emanuel Hill*14. BIRTHPLACE (city or town) (State or country) *Tennessee*15. MAIDEN NAME *Edith Edney*16. BIRTHPLACE (city or town) (State or country) *Tenn.*17. INFORMANT *John Hill Jr.*(Address) *4509 St Georges Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion Cemetery* Date *October 14*, 19*36*19. UNDERTAKER *Joseph A. Lively*(Address) *409 North Street*

CT 14 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 11, 1936*22. I HEREBY CERTIFY That I attended deceased from *Oct 9, 1936* to *Oct 11, 1936*I last saw him alive on *Oct 11, 1936*

Death is said

to have occurred on the date stated above, at *3:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Concussion of the Brain

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) specify also the following: *Oct 9, 1936*

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Injury, result of a fall*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Signed) *W. St. Amptkins M.D.*(Address) *501 N. Hamburg*

28068 HEALTH DEPARTMENT—CITY OF BALTIMORE 28068

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 10-1* Ward)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME *Dr. Mary Ludovica*

(a) Residence: No. *August 2 St.* St. *East* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced *HUSBAND* of (or) WIFE of *+*

6. DATE OF BIRTH (month, day, year) *March, 23rd 1870*

7. AGE Years *66* Months *6* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Notre Dame*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany* (State or country)

13. NAME *August Cassinger*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Elisabeth Combrink*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Sister Mary Kosker* (Address) *Notre Dame St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Notch Cliff Private* Date *Oct 16th 1936*

19. UNDERTAKER *Geo M. Fink & Son* (Address) *# 811 N. Wolfe*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 14* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *October 6* 19*36* to *Oct. 14* 19*36*.

I last saw her alive on *Oct. 14* 19*36*. Death is said to have occurred on the date stated above, at *2 15* A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis
Arteriosclerotic Cardio-Vascular disease
Secondary Anemia

Other contributory causes of importance:

Terminal Pneumonia

Date of onset
?
?
?
4 days

Was an operation performed? *No* Date of *-*

For what disease or injury? *-*

What test confirmed diagnosis? *-* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *no* Date of injury *-* 19 *-*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *H. Austram*

(Address) *St. Joseph's Hospital*

OCT 14 1936 *St. Joseph's Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28069

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-3 Ward 3)Registered No. 95-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fredrick Schultheis

If U.S. Veteran

specify WAR

(a) Residence: No. 2127 Maisel Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ellen
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-12-18737. AGE Years 63 Months 7 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Leonard Schultheis14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Amelia Michel16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date 10/16, 193619. UNDERTAKER Fredrick A. Cole
(Address) 1200 W. Lombard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-193622. I HEREBY CERTIFY, That I attended deceased from 10-7-1936 to 10-13-1936I last saw him alive on 10-13-1936 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 1935

Other contributory causes of importance:

EmphysemaWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No

If not, specify

(Signed) John F. Rainey M. D.(Address) Baltimore City Hospital

OCT 14 1936

28070

65-9

E 28070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Charles H. Dorsey

(a) Residence: No.

936 Madison Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Col.

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNot Known6. DATE OF BIRTH (month, day, year) Nov. 1898

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.3711

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Wm. Dorsey

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Alice Danson

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Alice D. Carter

(Address)

938 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Notional Cem.Date Dec 161936

19. UNDERTAKEN

(Address)

Mrs. H. H. Elliott - daughter29 N. Bond St.H. H. Elliott, M.D.

CT 19 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac AsthmaPulmonary Edema

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Address)

(Address)

Coroner

M. D.

28071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28071

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* - 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *13* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Leroy Johnson(a) Residence: No. *922 Whitcomb* St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *1* Years *13* Months *1* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Leroy Johnson*14. BIRTHPLACE (city or town) *Smithfield, Va.* (State or country)15. MAIDEN NAME *Bertie Williams*16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)17. INFORMANT *Bertie Johnson* (Address) *922 Whitcomb St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *10/14/36*19. UNDERTAKER *R. C. Richardson & Co.* (Address) *112 Calumet St.*20. FILED *14*

CT 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10.12*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10.2*, 19*36* to *10.12*, 19*36*I last saw him alive on *10.12*, 19*36* Death is said to have occurred on the date stated above, at *9th A.M.*

The principal cause of death and related causes of importance were as follows:

*Acute gastro-enteritis (Summer diarrhoea)*Date of onset *10.1.36*

Other contributory causes of importance:

*Spasmophilia (Tetany)*Date of onset *9.17.36*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *lab* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *R. H. Jackson* M. D.(Address) *600 N. Arlington*

F 28072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Duncan St. 6-3 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Reier

(a) Residence: No. 132 N. Duncan St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

Widowed

5a. If married, widowed, or divorced

HUSBAND of

(or WIFE of)

Peter Reier

6. DATE OF BIRTH (month, day, year)

March 26, 1859

7. AGE

Years

Months

Days

If LESS than

77

6

16

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

John Volansky

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Mary Frauch

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

George Reier

(Address) 132 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 16, 1936

19. UNDERTAKER

Frank Grach & Son

(Address) 1906 Ashland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

determined by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

Date of onset

Other contributory causes of importance:

Pulmonary Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Reier M. D.

(Address) 1919 E. North Ave

Coroner

PHYSICIANS should state EXACTLY. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CT 14 1936

M. D. B. 1262-9
F 28073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hopt.* St. *76-1* Ward)Registered No. *46-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *56* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Mrs. Annie Cassilly*(a) Residence: No. *911 N. Leigh* St., *76-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *wife of Thomas*6. DATE OF BIRTH (month, day, year) *1880*7. AGE *56* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Button hole operator*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)13. NAME *John Brown*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Gebelein Annie*16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Mrs. M. Geublein*(Address) *911 N. Leigh St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto Cem* Date *Oct 16th 1936*19. UNDERTAKER *Leo G. Cook*(Address) *1703 N. Park Ave*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from *9-18-* 1936, to *10-12-* 1936I last saw him alive on *10-12, 1936* Death is said to have occurred on the date stated above, at *10 P. M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma involving sigmoid and small intestine, also Date of onset *3 yrs ago*

Other contributory causes of importance:

Myocardial failure
Myocarditis
*Laparotomy*Name of operation *Laparotomy* Date of *10-9-36*What test confirmed diagnosis? *Exam.* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *0* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William Hollister*(Address) *Franklin Square Hospital*

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28074 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28074

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hotel* St. *8-6* Ward)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Raymond Hunt
(a) Residence: No. *1713* *Bethel* St., *8-6* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 1936*

7. AGE Years *4* Months *4* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt., Indr.*
(State or country)

13. NAME *Raymond Hunt*

14. BIRTHPLACE (city or town) *New York City*
(State or country)

15. MAIDEN NAME *Margaret Lockring*

16. BIRTHPLACE (city or town) *N. Y., N. Y.*
(State or country)

17. INFORMANT *Margaret Lockring*
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/12, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *9/25, 1936* to *10/12, 1936*

I last saw him alive on *10/12, 1936* Death is said to have occurred on the date stated above, at *3:15 p. m.*

The principal cause of death and related causes of importance were as follows:
Diarrrhea, non specific

Other contributory causes of importance:
Bronchopneumonia, rt, 10/8/36
Pneumothorax *6/36*

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify
(Signed) *Harold H. Gog* M. D.
(Address) *Union Memorial Hosp*

CT 14 1936

Body retained by hospital laboratory for scientific purposes

28075-1268-2

F 28075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Howell Johnson.

If U. S. Veteran specify WAR

(a) Residence: No. 6400 Arundel Cove Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, Widowed of Erina E. Johnson.
(If widow, write name of deceased husband)6. DATE OF BIRTH (month, day, year) January 15, 18927. AGE Years 44 Months 8 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chem. Co.10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) A. A. CO. MD
(State or country)13. NAME Alonza Johnson.14. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)15. MAIDEN NAME Nancy D. Robinson.16. BIRTHPLACE (city or town) Marley, Md.
(State or country)17. INFORMANT Erina E. Johnson. (wife)
(Address) 6400 Arundel Cove Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Marley Church Cem. Date Oct 15 193619. UNDERTAKER John F. Denny
(Address) 715 L. St.

CT 14 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry) (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Otto M. Reinhardt

Coroner

M. D.

(Address) 1017 S. Charles

F 28076

F 28076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* St. *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Miss Elizabeth D Foster*If U. S. Veteran specify WAR *No Record*(a) Residence: No. *338 E. 25th* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *X*6. DATE OF BIRTH (month, day, year) *Dec 18, 1865*7. AGE Years *70* Months *9* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as apliner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Wm S. Foster*14. BIRTHPLACE (city or town) *Balto* (State or country) *md*15. MAIDEN NAME *Maria A. English*16. BIRTHPLACE (city or town) *Balto* (State or country) *md*17. INFORMANT *Nathl R Foster* (Address) *338 E. 25th St*18. BURIAL, CREMATION, OR REMOVAL Place *Greenmount* Date *Oct 16, 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *Oct 15 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 14, 1936*22. I HEREBY CERTIFY. That I attended deceased from *10/5/36*, 19....., to *10/14/36*, 19.....I last saw her alive on *10/14/36*, 19..... Death is said to have occurred on the date stated above, at *6:52* a.m.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of stomach
Arterio-sclerosis
Chronic nephritis
Chronic myocarditis*

Date of onset

Other contributory causes of importance:

*Broncho pneumonia*Was an operation performed? *No.* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

*Josiah A. Hunt, M. D.
Maryland General Hosp.*

128077

128077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *8-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Thomas H. Green*If U. S. Veteran specify WAR *No Record*(a) Residence: No. *1823 N. Register St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male**White**Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Annie E. Green*

6. DATE OF BIRTH (month, day, year)

Jan. 17, 1866

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*70**8**27*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

W. P. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*10/13/36**1*

12. BIRTHPLACE (city or town) (State or country)

Balto.

FATHER

13. NAME

Thomas Green

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Elizabeth Green

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Annie E. Green

(Address)

1823 N. Register St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore*Date *10/17**1936*

19. UNDERTAKER

Thomas Green

(Address)

1217 E. North St.

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 14, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Coronary Failure

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) *Paul Schenker*

Coroner

M. D.

(Address)

1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 OCT 15 1936

F 28078

F 28078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2338 Barclay St. 12-4 Ward)Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James A. EdieRegistered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR No Record(a) Residence: No. 2338 Barclay

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of Hettie Edie6. DATE OF BIRTH (month, day, year) Oct 26th 18787. AGE Years 57 Months 11 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Railroad
10. Date deceased last worked at this occupation (month and year) 2 11. Total time (years) spent in this occupation 1812. BIRTHPLACE (city or town) Hill (State or country) N.Y.13. NAME Arthur Edie14. BIRTHPLACE (city or town) N.Y. (State or country)15. MAIDEN NAME Laura McMaster16. BIRTHPLACE (city or town) N.Y. (State or country)17. INFORMANT Hettie Edie (Address) 2338 Barclay St18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Date Oct 15th 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th 193622. I HEREBY CERTIFY, That I attended deceased from Oct 7/36 19 to Oct 12 1936I last saw him live on Oct 12 1936 Death is said to have occurred on the date stated above, at 5th P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 7-4

Other contributory causes of importance:

Arteriosclerosis ?

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm Cook M. D.(Address) 600 N. Howard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28079

F 28079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Riggs Ave St., 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fredrick W. B. Hancker

If U. S. Veteran

specify WAR

(a) Residence: No. 2741 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Native Hancker6. DATE OF BIRTH (month, day, year) March 27 18667. AGE Years 70 Months 6 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. L. Polk Co.10. Date deceased last worked at this occupation (month and year) 10/10/36 11. Total time (years) spent in this occupation 40 yrs12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Theodore Hancker14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Augusta Albrecht16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mary C Hancker (Daughter)
(Address) 2741 Riggs Ave18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 10/16/3619. UNDERTAKER Bernard C. Harbo
(Address) 121 E. 2nd St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13th, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 13, 1936I last saw him alive on Oct 13, 1936: Death in said 8:10 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure 10/13/36
arterio-sclerotic
cardio-vascular Genl Clin 5yr

Other contributory causes of importance:

arterial Hypo-tension 10/13/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation usual phy exam Date of No.What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Louis F. Krumm M. D.(Address) 722 No Kenwood Ave

CT 15 1330

F 28080

28080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Monroe St. 20-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

SARAH WALTERS

If U. S. Veteran

specify WAR _____

(a) Residence: No. 6 S. Monroe St., _____ Ward. _____

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Philip J. WALTERS
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 24, 18947. AGE Years 42 Months 4 Days 20 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Antonio
(State or country) Texas13. NAME Unknown14. BIRTHPLACE (city or town) Cornelius King
(State or country) Missouri15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Philip John Walters(Address) # 6 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 17 193619. UNDERTAKER George A. Farley(Address) 1101 N. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 193622. I HEREBY CERTIFY. That I attended deceased from August 7 1936 to October 14 1936I last saw him alive on October 14 1936 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Oct 11

Other contributory causes of importance:

Acute Cardiac FailureOct 14Was an operation performed? No

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edward S. Hallinan

M. D.

(Address) 116 W. Pratt St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 15 1936

F 28081

F 28081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

San Joaquin Hosp.

CITY OF BALTIMORE: (No.

Balt. Md.

St. 20-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles F. Moeller

If U.S. Veteran
specify WAR

(a) Residence: No.

2668 Lehman

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 26 / 1909

7. AGE

27

Years

Months

8

Days

19

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

FATHER

13. NAME

Frank Moeller

MOTHER

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Josephine Tillman

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

Frank Moeller

(Address) 2668 Lehman St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/18/36

19. UNDERTAKER

George A. Farley

(Address) Fulton Ave & Fayette

20. FILED

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from
10/12/36, 19, to 10/15/36, 19I last saw him alive on 10/15, 1936. Death is said
to have occurred on the date stated above, at 12:45 am.The principal cause of death and related causes of
importance were as follows:

Acute Appendicitis.

General Peritonitis

Date of onset

10/10/36

10/11/36

Other contributory causes of importance:

Was an operation performed?

Yes. Date of 10/12/36

For what disease or injury?

Acute Appendicitis

operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Simon S. Kemp

M. D.

(Address)

San Joaquin Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 28082

F 28082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3926 Clover hill Rd. 12-1 St., 12 Ward)Length of residence in city or town where death occurred 46 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Robert Cole Jr.(a) Residence: No. 3926 Clover hill Rd. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell L. Cole6. DATE OF BIRTH (month, day, year) Oct. 3, 18897. AGE Years 46 Months 11 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. H. Cole & Sons
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Wm Robert Cole14. BIRTHPLACE (city or town) Balto (State or country) md15. MAIDEN NAME Bessie Reiss16. BIRTHPLACE (city or town) Balto (State or country) md17. INFORMANT Mrs Russell L Cole (Address) 3926 Clover hill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Crematorium Date Oct 15, 193619. UNDERTAKER Wm. T. Dickner & Sons (Address) 2018 Spa Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset 12-13-36

Other contributory causes of importance:

chronic alcohol & barbiturate addiction

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. T. Dickner M. D.(Address) Crossin

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s s

CT 15 1936

F 28083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28083

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1815 E Fayette St.* Ward *6-4*)Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1815 E Fayette* St., Ward *6-4*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *111-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Margarett Kumlehn*6. DATE OF BIRTH (month, day, year) *April 6 1848*7. AGE Years *88* Months *6* Days *7* If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Confectionary*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Store Keeper*
10. Date deceased last worked at this occupation (month and year) *08/16/36* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Don't Know*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Don't Know*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Miss H C W Kumlehn*
(Address) *1815 E Fayette St*18. BURIAL, CREMATION, OR REMOVAL
Place *Parsonage* Date *08/16/36*19. UNDERTAKER *John Ullrich*
(Address) *2000 Orleans St*20. FILED *August 15 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/13/36*22. *10/13/36* I HEREBY CERTIFY That I attended deceased from *10/13/36* to *10/13/36*I last saw him alive on *10/13/36* Death is said to have occurred on the date stated above, at *6:40* a.m.

The principal cause of death and related causes of importance were as follows:

Suppuration of Ovary Date of onset *X*

Other contributory causes of importance:

Cerebral hemorrhage & lungs *10/13/36*Was an operation performed? *X* Date of *X*

For what disease or injury?

Cholera What test confirmed diagnosis *10* Was there an autopsy *10*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *X* Date of injury *X*, 19*36*Where did injury occur? *X* Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *X* *X*Manner of injury *X* *X*Nature of injury *X* *X*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. H. H. H. H.*(Address) *13407 Chestnut St*

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CT 15 1936

F 28084 HEALTH DEPARTMENT—CITY OF BALTIMORE 28084

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Newington Ave St. 13-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frederick G Engelhaupt

(a) Residence: No. 805 Newington Ave

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 22 1872

7. AGE 64 Years 1 Months 24 Days If LESS than 1 day.....hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. furniture salesman retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Frederick Engelhaupt

14. BIRTHPLACE (city or town) Balto (State or country)

15. MAIDEN NAME Margaret Engelhaupt

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs Frances Beck 805 Newington Ave, (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date Oct 17, 1936

19. UNDERTAKER John Ullrich 2008 Orleans (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1936, to October 14, 1936.

I last saw him alive on Oct. 14, 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 10/14/36

Other contributory causes of importance:

Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Samuel L. Ogden M. D. 1261 E. Mt. Airy

OCCUPATION is very important. See instructions on back of certificate.

CT 15 1936

F 28085

F 28085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Milton Ave. St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 725 N. Milton Ave. St., 7-2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?7. AGE about 59 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Complicity14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma Wetschey16. BIRTHPLACE (city or town) (State or country) Balto Md.17. INFORMANT Emma Wetschey (Address) 4218 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 1519. UNDERTAKER (Address) John J. O'Leary

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held all inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Cerebral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul McHenry

(Address)

1918 E. North Ave.

M. D.

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s 6

CT 15 1330

28086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28086

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 16-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *10* yrs. *0* mos. *0* ds.

2. FULL NAME

Rachael Moulden(a) Residence: No. *1151 N. Stricker*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 11 - 1876*

7. AGE

60

Years

Months

Days

If LESS than
1 day, *2* hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Charles Co. Md.

FATHER

13. NAME

James E. Moulden

14. BIRTHPLACE (city or town) (State or country)

St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME

Sarah D. Orsey

16. BIRTHPLACE (city or town) (State or country)

Charles Co. Md.

17. INFORMANT

Blanch Barker

(Address)

1151 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Peter St. John

19. UNDERTAKER

(Address)

*George A. Wright**700 N. Hamilton*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 13, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 10, 1936* to *Oct. 13, 1936*I last saw him alive on *Oct. 13, 1936* Death is said to have occurred on the date stated above, at *10:50 P.* m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular disease

Date of onset

?

Secondary anemia

?

Other contributory causes of importance:

Uremia

?

Was an operation performed? *yes*

Date of

For what disease or injury?

What test confirmed diagnosis? *—*

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. J. Brown
St. Joseph's Hospital

M. D.

F 28087 1000 Bks.

F 28087

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *3428 Park Heights Ave* WARD *12*)2-FULL NAME *Celia Snyder*(a) RESIDENCE. No. *3428 Park Heights Ave* ST. *12* WARD.

(Usual place of abode)

Length of residence in city or town where death occurred *30* yrs.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

Widowed

6a If married, widowed, or divorced

(or) WIFE of *Late husband*6 DATE OF BIRTH (month, day, and year) *1879*

7 AGE

Years *57*

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Russia*10 NAME OF FATHER *Menotel Morris*11 BIRTHPLACE OF FATHER (city or town) (State or country) *Russia*12 MAIDEN NAME OF MOTHER *Sarah*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Russia*

14

Informant (Address) *Sola Lasker*
3428 Park Heights Ave

15

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *October 14 1936*

17

I HEREBY CERTIFY, That I attended deceased from *October 14 1936* to *Oct 14 1936* that I last saw him alive on *Oct 14 1936*and that death occurred, on the date stated above, at *1:30 p. m.*

The CAUSE OF DEATH* was as follows:

*Stenoplegia**1 1/2 hours*

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

Usual
Dr. Benayahu M. D.
10/14/36 Address *3455 Park Heights Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Hebrew Burial Society**Oct 15 1936*

20 UNDERTAKER

ADDRESS *1117 E**Sol Lewinson* *Baltimore*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 15 1936

28088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28088

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Wabash Ave. St. 15-11 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U.S. Veteran specify WAR

2. FULL NAME EDWARD W. LAIB Jr.

(a) Residence: No. 3523 Wabash Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane B. Newman

6. DATE OF BIRTH (month, day, year) Feby 4, 1882

7. AGE Years 54 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Merchant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Edward W. Laib

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Alice J. Kurtz

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Jane B. Laib (Address) 3523 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Oct 15, 1936

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1936, to Oct 13, 1936

I last saw him alive on Oct 13, 1936 Death is said to have occurred on the date stated above, 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10/13/36

Other contributory causes of importance:

Streptococcus Viridans

Was an operation performed? no Date of X

For what disease or injury? X

What test confirmed diagnosis? Pusalydis Was there an autopsy? no

23. If death was due to external causes (violence) fil. in also the following: Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. Van Williams M. D.

(Address) 3200 Sequia Ave.

CT 15 1936

F 28089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28089

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *The Church Home and Infirmary*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Mabel L. Luick(a) Residence: No. *Betterton*, Maryland: St., *1414 Lafayette Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John W. Luick*6. DATE OF BIRTH (month, day, year) *Jan 22, 1896*7. AGE Years *40* Months *8* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore County*13. NAME *George B. Roberts*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*15. MAIDEN NAME *Florence Bartlett*16. BIRTHPLACE (city or town) (State or country) *va*17. INFORMANT *Mrs. Florence B. Roberts*(Address) *1414 E. Lafayette Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Mount* Date *Oct. 16, 1936*19. UNDERTAKER *John C. Littleall & Sons*(Address) *1900 Canton Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 13, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 5, 1936* to *Oct. 13, 1936*I last saw her alive on *Oct. 13, 1936* Death is said to have occurred on the date stated above, at *9:30 a. m.*

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Hypertension

Date of onset

*1935**July 9, 1935*

Other contributory causes of importance:

*Operative + anesthetic shock.**Oct 13, 1936*Name of operation *Lithotripsy* Date of *Oct 13, 1936*What test confirmed diagnosis *Chin. lab.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wesley J. Ketz*

M. D.

(Address) *The Church Home & Infirmary*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 15 1936

28090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28090

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)Length of residence in city or town where death occurred *58* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. *0* mos. *0* da.
If U. S. Veteran
specify WAR

2. FULL NAME

Mrs. Mattie C. Bachman(a) Residence: No. *3708 Fairview Ave* St., *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color, or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Dr. Edward H. Bachman*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 10, 1878*7. AGE Years *58* Months *4* Days *7* If LESS than 1 day, hrs. *0* min. *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Practical nurse*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*10. Date deceased last worked at this occupation (month and year) *June 10, 1936* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Mr. Benjamin Childs*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Miss Mary Seale*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Miss Jennie C. Jones*
(Address) *3708 Fairview Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Landon Park Bur.* Date *Oct. 16, 1936*19. UNDERTAKER *Geo. J. Smith*
(Address) *1908 Eutaw Place*20. FILED *15-1936*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from *10-10-* 1936, to *10-17-* 1936.I last saw *her* alive on *10-14-* 1936 Death is said to have occurred on the date stated above, at *6:10 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia
Myocardial infarction

Other contributory causes of importance:

*Myocardial infarction*Was an operation performed? *yes* Date of *10-17*For what disease or injury? *Pneumonia*Name of operation *Diagnosis* Date of *10-17-36*What test confirmed diagnosis? *Culture* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Dr. J. F. Williams* M. D.(Address) *Maryland General Hospital*

F 28091 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **23**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals **23-1** Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Ferdinand Schneider (14162)

(a) Residence: No. 1407 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced
HUSBAND of Helen
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 24, 1878

7. AGE Years 58 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Route

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Finn Helen Magdalena

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bedford Hill Date Oct 17, 1936

19. UNDERTAKER A. J. Howard & Sons
(Address) 1407 Clarkson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1936

22. I HEREBY CERTIFY. That I attended deceased from May 14, 1936 to October 14, 1936

I last saw him alive on October 14, 1936. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset 1932

Other contributory causes of importance:

Tuberculosis of Lungs

1933

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Where an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Wm H. Feldman

(Address) Baltimore City Hospitals

FILED

OCT 15 1936

28092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Penna. Ar. 13-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2533 Penna. Ar. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Wht 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14/36

7. AGE Years Months Days If LESS than 1 day 3 hrs. 40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Chas. E. Dulan 14. BIRTHPLACE (city or town) Jacksonville (State or country)

15. MAIDEN NAME Lillian Alexander 16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs. Lillian Dulan (Address) 2533 Penna. Ar.

18. BURIAL, CREMATION, OR REMOVAL Place Unk. Filed Date Oct. 15, 1936

19. UNDERTAKER (Address) Commissioner of Health

20. Per H. A. Moore A. E. Foster 2633

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936 to Oct. 14, 1936

I last saw him alive on Oct. 14, 1936 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia 7 1/2 mo. Date of onset

Other contributory causes of importance:

Emphysema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. A. Smith M. D. 1605 N. North St.

15 1936

F. 28093

✓ F 28093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 16th Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Carolyn Dobson

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1021Rice St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|------------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-------------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Mar 7, 1927

| | | | | |
|--------|----------|----------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>9</u> | <u>7</u> | <u>6</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

| | | |
|--------|--|---------------|
| FATHER | 13. NAME <u>Herman Dobson</u> | Date of _____ |
| | 14. BIRTHPLACE (city or town) <u>Washington D.C.</u> (State or country) | |

| | | |
|--------|---|---------------|
| MOTHER | 15. MAIDEN NAME <u>Catherine Brown</u> | Date of _____ |
| | 16. BIRTHPLACE (city or town) <u>Harford Co. Md</u> (State or country) | |

17. INFORMANT Catherine Dobson
(Address) 1021 Rice St.18. BURIAL, CREMATION, OR REMOVAL
Place Mr. Auburn Date Oct 15, 193619. UNDERTAKER Mr. Kate R. Williams
(Address) 222 N. Schrieber St.20. FILED _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Oct 13, 1936I last saw him alive on Oct 13, 1936 Death in said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diphtheria, tonsillar & nasal Date of onset 9-30-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) James J. Schwentker M. D.

(Address) _____

OCCUPATION is very important. See instructions on back of certificate.

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28094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28094

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 33rd St. Ward 2)Registered No. 279-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

Edward Wm. Delegal Jr(a) Residence: No. 1220 E. 49th St., Savannah, Georgia

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race American, White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Anna Hopkins Delegal (or) WIFE of Feb. 12, 18816. DATE OF BIRTH (month, day, year) Feb. 12, 1881
7. AGE Years 55 Months 8 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. 0066
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman - mill supplies
10. Date deceased last worked at this occupation (month and year) Savannah, Ga. 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country)

13. NAME Edward William Delegal
14. BIRTHPLACE (city or town) (State or country) Dorchester, Liberty Co. Georgia15. MAIDEN NAME Matilda Mallard
16. BIRTHPLACE (city or town) (State or country) Dorchester, Liberty Co. Georgia17. INFORMANT Mrs. Donald R. Stewart
(Address) 2217 East 49th St. Savannah, Ga.18. BURIAL, CREMATION, OR REMOVAL Savannah, Ga. Date Oct. 17, 193619. UNDERTAKER John Mitchell Bone
(Address) 1800 East 49th St. Savannah, Ga.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/3622. I HEREBY CERTIFY, That I attended deceased from September 11, 1936 to October 15, 1936I last saw him alive on October 15, 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Empyema (Sept.)
lung Abscess
Brain Abscess
Meningitis (Streptococcus)

Date of onset

Other contributory causes of importance:

Abscess Lt. ScapulaWas an operation performed? Yes Date of 9-14-36 Asp. Rt. ChestFor what disease or injury? 9-14-36 Asp. Rt. Chest 1-10-36 Abscess Lt. Scapula9-14-36 Asp. Rt. Chest 1-10-36 Abscess Lt. Scapula Was there an autopsy? yes23. If death was due to external causes (violence) fill in also following: yes

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Robert H. Oliver M. D.(Address) Union Memorial Hosp.

T 15 1936

319497
F 28095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28095

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 8 yrs. 0 mos. 0 da.2. FULL NAME Mary A. Hall(a) Residence: No. 519 N Stricker St., 19-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —6. DATE OF BIRTH (month, day, year) 10-12-037. AGE Years 33 Months 33 Days 3 If LESS than 1 day, 3 hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 007012. BIRTHPLACE (city or town) (State or country) Md13. NAME Joseph Hall14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Matilda Matthews16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenview Cem. Date Oct 18, 193619. UNDERTAKER Easton Sons(Address) Ellicott City Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 15, 1936I last saw her alive on Oct 15, 1936. Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease, Mitral stenosis & insufficiency, Triangular insufficiency, Atrial fibrillation, Cardiac hypertrophy, Myocardial failure.Date of onset 1917?Other contributory causes of importance: Myocardial failure1936Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Frederick C. Weber Jr

M. D.

(Address) Johns Hopkins Hospital.

15 1936

28096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28096

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 West Cold Spring Lane 27-14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John William Ashton

(a) Residence: No. 301 W. Cold Spring Lane St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Lucy Johnson (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1871

7. AGE Years 65 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Terre Haute Ind. (State or country)

13. NAME John William Ashton

14. BIRTHPLACE (city or town) Terre Haute Ind. (State or country)

15. MAIDEN NAME Catherine Hyde

16. BIRTHPLACE (city or town) Terre Haute Ind. (State or country)

17. INFORMANT Robert J. Ashton (Address) 301 W. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 10/16/36

19. UNDERTAKER Henry W. Meeks & Son (Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1935 to 10-14 1936

I last saw him alive on 10-14 1936. Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

ARTERIO SCLEROSIS

HYPERTENSION

CEREBRAL HEMORRHAGE

Date of onset

10-11-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

T-15 1836

F 28097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 9-9 Ward)Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Edward Ford (Eugene Edward Fisher)(a) Residence: No. 1509-Aisquith Street St. Ward. 9-9

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Alice May (Purcell) (or) WIFE of6. DATE OF BIRTH (month, day, year) 3/3/18707. AGE 66 Years 7 Months 9 Days If LESS than 1 xxxx or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staty. Engr. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safety Valve Co. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Washington, DC. (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) N (State or country)15. MAIDEN NAME N16. BIRTHPLACE (city or town) N (State or country)17. INFORMANT Alice May Fisher (Address) 2803-Channing St/NE Washn. DC.18. BURIAL, CREMATION, OR REMOVAL Placed October 16, 1936 Washington D.C.19. UNDERTAKER George M. Williams (Address) 1215 St. Paul Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy, Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

T 15 1936

✓ F 28098

R 28098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 E. Preston St. St., 8-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2400 E. Preston St. St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Florence Gunther (or WIFE of)

6. DATE OF BIRTH (month, day, year) Dec. 8 - 1887

7. AGE Years 48 Months 10 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balto. Md.

13. NAME James Gunther

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT Florence Gunther (Address) 2400 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Oct 14, 1936

19. UNDERTAKER John C. Miller (Address) 2433-35 E. Delaware St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

Coroner

M. D.

(Address) 1919 E. North Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CT 15 1936

H. E. Kingston Williams, M.D.

28099 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes' Hospital*
CITY OF BALTIMORE: (No. *2nd* St. *9-7* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mr. William V. Jones*

(a) Residence: No. *2610 Robb St.*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced: *HUSBAND of Mrs. Helen Jones*

6. DATE OF BIRTH (month, day, year) *Nov. 10 - 1873*

7. AGE Years *62* Months *11* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Cook*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Restaurant*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (city or town) (State or country) *Miss.*

13. NAME *Joshua Jones*

14. BIRTHPLACE (city or town) (State or country) *Miss.*

15. MAIDEN NAME *Hattie P. Jones*

16. BIRTHPLACE (city or town) (State or country) *Miss.*

17. INFORMANT *William V. Jones* (Address) *17 Chestnut St. Baltimore*

18. CREMATION: *No* Place *Baltimore* Date *Oct - 16 - 1936*

19. UNDERTAKER *John C. Murphy* (Address) *1433-35 E. Broadway*

20. FILED *1936* 21. *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10 - 14 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 2, 1936 to Oct. 14, 1936*
I last saw him alive on *Oct. 14, 1936* Death is said to have occurred on the date stated above, at *3:40 A.M.*

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Cardio-Vascular Disease

Coronary Occlusion & Heart Failure
Possible Ruptured Coronary Artery

Date of onset

1935

Nov. 1935

10/14/36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* as there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Louis S. Lewellyn* M. D.

(Address) *St. Agnes Hospital*

See instructions on back of certificate.

F 28100 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 24-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Duvall (17734)

(a) Residence: No. 1638 E. Fort Avenue

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1911

7. AGE Years 24 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. (State or country) Ind

13. NAME Levi (D) S. Duvall

14. BIRTHPLACE (city or town) Balto. (State or country) Ind

15. MAIDEN NAME Louise Harms (D)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL McArdle Date 10/17/36

19. UNDERTAKER William Koff (Address) 1217 St Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1936 to October 13, 1936

I last saw him alive on October 13, 1936 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Dec. 1932

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dean H. Feldman

M. D.

(Address) Baltimore City Hospitals

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

CT 16 1936 St. Paul Street Registrar: William Koff

28101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28101

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2251 E. Preston St. 8-4 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2251 E. Preston St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran No Record specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, with whom or deceased HUSBAND of Mary A. Juste6. DATE OF BIRTH (month, day, year) Oct 26th 18707. AGE Years 65 Months 11 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Measurer of Ship
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt
10. Date deceased last worked 10/10/36 this occupation (month and year)
11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Henry Juste
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Mary E. Pickner
16. BIRTHPLACE (city or town) Balto (State or country) md.17. INFORMANT Mary A. Juste
(Address) 2251 E. Preston St18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 17th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 10 OCT 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14th 193622. I HEREBY CERTIFY, That I attended deceased from Oct 9 1936, to Oct 14 1936I last saw him alive on Oct 14 1936 Death is said to have occurred on the date stated above, 4:57 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Emphysema of Lungs, FibrosisWas an operation performed? No Date of

For what disease or injury?

Name of operation Plu Date ofWhat test confirmed diagnosis? Plu Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. P. Hervey md M. D.(Address) 1305 N. Patterson Park Ave.

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 28102

F 28102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 West Hoffman Street, 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Washington.

(a) Residence: No. 134 West Hoffman Street, St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel Washington

6. DATE OF BIRTH (month, day, year) May 2-1891

7. AGE Years 45- Months 6 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Helen Carter (Address) 1133 Breunel St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 10-17-1936

19. UNDERTAKER Mrs. Geo. H. Kelly (Address) 1631 S. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1936, to October 15, 1936

I last saw him alive on October 14, 1936 Death is said to have occurred on the date stated above, at 8:15 am

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. 9/15/3 1936.

Other contributory causes of importance:

Hemorrhage. Pulmonary. 10/15. 1936.

Name of operation none. Date of no.

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas. J. Clautier, M. D.

Oct 15 (Address) 3013 St Paul Street.

OCCUPATION is very important. See instructions on back of certificate.

F 10 1936

M 28103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28103

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Horace Corbin

U. S. Veteran

specify WAR

(a) Residence: No. 522 W. Biddle

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Steel R
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 25 1889

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. |
| | <u>49</u> | <u>6</u> | <u>18</u> | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter 0070</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>sew mill, bank, etc.</u> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Shenandoah County
(State or country) Virginia13. NAME Albert14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Elizabeth Smith16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Mrs. Florence Brown
(Address) 1112 Myrtle Ave.18. BURIAL, CREMATION, OR REMOVAL Clay Bank, Gloucester, Va.
Date Oct. 16 '3619. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Annapolis Ave.20. FILED CT 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 13For what disease or injury? Iron pneumoniaName of operation None Date of Oct 13What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Oct 13Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.(Address) 1010 S. E. 2nd Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

F 28104 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28104

CERTIFICATE OF DEATH

✓ 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Rutland Ave 8-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME Florance M. Schafflein

(a) Residence: No. 1209 Rutland Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Geo. Schafflein</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Mar. 1877</u> | | |
| 7. AGE <u>59</u> Years | Months <u>7</u> | Days _____ If LESS than 1 day, hrs. or min. _____ |
| 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Housework at home</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Balto. Md.</u> | | |
| 13. NAME <u>Charles Chandler</u> | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | |
| 15. MAIDEN NAME <u>Maraguet</u> | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | |
| 17. INFORMANT <u>Geo. Schafflein</u> (Address) <u>1209 Rutland Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Balto. Cem</u> Date <u>Oct. 16</u> 36 | | |
| 19. UNDERTAKER <u>Philip Herwig Sons</u> (Address) <u>216 Guilford St.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1936, to Oct. 14 1936.
I last saw her alive on Oct. 13 1936. Death is said to have occurred on the date stated above, at 12:28 A.M.

The principal cause of death and related causes of importance were as follows:
Myocarditis
Hypertension
Cholecystitis
Obesity

Other contributory causes of importance:
Acute Cardiac Dilatation

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Chinid Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____

(Signed) Wm. L. Pittman M. D.
(Address) 1205 S. Chase

OCCUPATION is very important. See instructions on back of certificate.

OCT 16 1936 Wm. L. Pittman Registrar

28105

F 28105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 W Caroline St. 6-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 15 W Caroline St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jeremiah Mabel

6. DATE OF BIRTH (month, day, year) Sept 12 - 1871

7. AGE Years 65 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Carmichael

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Campbell (Address) 505 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date Oct 16, 1936

19. UNDERTAKER Mrs Chas C. Bailey (Address) 21 Jefferson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Oct 36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? necroscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 505 W. Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 6

T 18 1936

F 28106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28106

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4513 Bayonne Ave Ward 26-1)Length of residence in city or town where death occurred Unknown ds. How long in U. S. If of foreign birth? Unknown ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 4513 Bayonne Ave Ward 26-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Emma T. Conrad
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 31st 18747. AGE Years 62 Months 4 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop10. Date deceased last worked at this occupation (month and year) Sept. 6th 1927 11. Total time (years) spent in this occupation 3212. BIRTHPLACE (city or town) Leipzig
(State or country) Germany13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown17. INFORMANT Mrs Emma T. Conrad
(Address) 4513 Bayonne Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Wak Lawn Cem. Date Oct. 17, 193619. UNDERTAKER Frederick L. Lashburn
(Address) 7401 Selzer Road

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14th 193622. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to Oct 14 1936I last saw him alive on Oct 14 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial disease
Chronic interstitial nephritis

Other contributory causes of importance:

Acute pulmonary edemaWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Chronic signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Walter H. Shaw M. D.(Address) 4116 Bathurst Parkway

CT 16 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28107

F 28107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

2525 Maryland St. 12-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Blanche E Montgomery

If U. S. Veteran specify WAR

(a) Residence: No.

2525 Maryland St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 10, 1873

7. AGE

Years 63 Months 3 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) May 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Hugh W. Montgomery

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Mary E. Snell

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

Catherine Montgomery
(Address) 2525 Maryland St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 17, 1936

19. UNDERTAKER

William Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 1936 to Oct 14, 1936

I last saw her alive on Oct 14, 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Adeno. carcinoma of Cervix

Date of onset

Other contributory causes of importance

General Carcinomatosis

3

Was an operation performed? No

Date of

For what disease or injury?

Name of operation None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George H. Wising

M. D.

(Address) 44000 Edmund Ave

OCCUPATION is very important. See instructions on back of certificate.

OCT 16 1936

CERTIFICATE OF DEATH

1. PLACE OF DEATH

The Union Memorial Hospital

Registered No. 117-a

CITY OF BALTIMORE: (No. 38-4 Colver St. 47-2

Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daniel Frank Wertz

No War Record

(a) Residence: No.

Crownville

Wd.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Sarah Wertz

6. DATE OF BIRTH (month, day, year) June 22, 1878

7. AGE Years 58 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship agent

10. Date deceased last worked at this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Hugh Wertz

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Deceased

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Oct 17 1936

19. UNDERTAKER Wm. Coyle

(Address) 1217 St Paul St

Union Memorial Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/36

22. I HEREBY CERTIFY, that I attended deceased from October 19, 1936 to October 14, 1936

I last saw him alive on October 14, 1936 Death is said to have occurred on the date stated above, at 3:15 PM

The principal cause of death and related causes of importance were as follows: duodenal

Perforated peptic ulcer 10/10

Pneumonia 10/12

Other contributory causes of importance:

Atelectasis, right lung 10/12

Was an operation performed? Yes Date of 10/10/36

For what disease or injury? Perforated peptic ulcer

What test confirmed diagnosis? Operation as there an autopsy? No

23. If death was due to external causes (violence) fill in all the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: It was not

(Signed) Wm. Coyle M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

FILED OCT 15 1936

28109

HEALTH DEPARTMENT—CITY OF BALTIMORE 28109

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 E. West St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 50 yrs. — mos. — ds. How long in U. S. If of foreign birth 30 yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 109 E. West St. — Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jacob Schilling6. DATE OF BIRTH (month, day, year) July 5, 18647. AGE Years 72 Months 3 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Matthew Friedman14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME not known16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Mary Thuman (Address) 109 E. West St.18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date Oct 19, 193619. UNDERTAKER Elizabeth Harle Inc (Address) 115 E. West St.20. 11-10-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 193622. I HEREBY CERTIFY That I attended deceased from Oct 10, 1936 to Oct 15, 1936I last saw her alive on Oct 15, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 50s.

Other contributory causes of importance:

Exhaustion 28s.Name of operation none Date of —What test confirmed diagnosis autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —Signed R. H. Campbell M.D. (Address) 1644 Station St.

OCCUPATION is very important. See instructions on back of certificate.

CT 16 1936

28110

HEALTH DEPARTMENT—CITY OF BALTIMORE 28110

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Stricker St. 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 222 N. Stricker St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4, 1934

7. AGE Years 2 Months 0 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Rodgers Wiggins

14. BIRTHPLACE (city or town) South Hampton, Va. (State or country)

15. MAIDEN NAME Laddie Williams

16. BIRTHPLACE (city or town) South Hampton, Va. (State or country)

17. INFORMANT Laddie Wiggins

(Address) 222 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/16, 1936

19. UNDERTAKER Chas. Hooper

(Address) 344 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came to death on the day stated above, 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Convulsions 1/2 hour

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? 10

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Thos. H. Phillips

Coroner

M. D.

(Address)

1937

OCT 16 1936

Registrar

F. 28111

F. 28111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Madison St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1817 Madison St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Cruchlow

c. DATE OF BIRTH (month, day, year) May 21, 1901

7. AGE 35 Years 4 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. md (State or country)

13. NAME Joseph Johnson md.

14. BIRTHPLACE (city or town) md. (State or country)

15. MAIDEN NAME Mary E. ?

16. BIRTHPLACE (city or town) Balto. md (State or country)

17. INFORMANT Mary E. Johnson (Address) 1817 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 10/16 1936

19. UNDERTAKER Thomas E. Kelson (Address) 1303 E. Lexington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1936, to 10/13, 1936

I last saw him alive on 10/12, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) B. R. Little M. D.

(Address) 21 W. 1st St.

OCCUPATION is very important. See instructions on back of certificate.

CT 16 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28112

28112 PLACE OF DEATH

CITY OF BALTIMORE: (No. 5605 Weyford Rd. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 74 yrs. 0 mos. 27 ds.

2. FULL NAME

Kate Thomas Grafflin

If U. S. Veteran

specify WAR NONE

(a) Residence: No.

5605 Weyford Rd. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Sep-17-1862

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

74

0

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Public

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country)

Houston Texas

FATHER MOTHER

13. NAME

Charles Grafflin

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Rosanna

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Miss Emily R. Rich (Friend)

(Address)

5605 Weyford Road

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial Home

Date

Oct-16/36

19. UNDERTAKER

(Address)

Sullivan-Monahan Company

108 W 77th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septic Myocarditis
Coronary Occlusion
Arteriosclerosis

1930

10-13-36

?

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Didenhorst

Coroner

M. D.

(Address)

Baltimore

OCT 16 1936

R. E. Miller, Jr.

28113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28113

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Walbrook Apts-15-8* St. *15-8* Ward)Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *71* yrs. *9* mos. *11* ds.

2. FULL NAME

Benjamin Robinson

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

(a) Residence: No.

Walbrook Apts-

St.

Ward.

(Usual place of abode)

If U.S. Veteran

specify WAR *NONE*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Roberta M. Robinson*7. DATE OF BIRTH (month, day, year) *Jan 4/1865*7. AGE Years *71* Months *9* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *U.S. Rubber Co.*10. Date deceased last worked at this occupation (month and year) *about 1931* 11. Total time (years) spent in this occupation *30 yrs*12. BIRTHPLACE (city or town) *A.A. Co.* (State or country) *Maryland*13. NAME *Dr. Chas. B. Robinson*14. BIRTHPLACE (city or town) *A.A. Co.* (State or country) *MD.*15. MAIDEN NAME *Patience O. Haslup*16. BIRTHPLACE (city or town) *Balti.* (State or country) *MD.*17. INFORMANT *Mr. Roberta M. Robinson (wife)*(Address) *Walbrook Apts-15-8*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill Cg.* Date *Aug. 17/1936*19. UNDERTAKER *Stewart-Morris Co.*(Address) *108 W. North Ave.*

20. FILED

21. REGISTERED

22. INDEXED

23. SERIALIZED

24. FILED

25. INDEXED

26. SERIALIZED

27. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 15*, 193622. I HEREBY CERTIFY, That I attended deceased from *Oct 14*, 1936, to *Oct 15*, 1936I last saw him alive on *Oct 15*, 1936 Death is said to have occurred on the date stated above, at *6.45 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *Oct 14*

Other contributory causes of importance:

Hypertension & arterio-sclerosis *several years*Was an operation performed? *no* Date ofFor what disease or injury? *no*What test confirmed diagnosis? *Exam. & History etc.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *S.A. Doldge* M. D.(Address) *317 Medical Arts Bldg.*

OCT 16 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

28114

CERTIFICATE OF DEATH

28114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp 7-2* Ward)

Length of residence in city or town where death occurred yrs. mos. *8* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Colonel Marshall Lee

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No.

Union Memorial Hosp St.

Ward.

(Usual place of abode)

2228 E MONROE ST (If not resident give city town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *MALE* 4. Color or Race *CHINESE* 5. Single, Married, Widowed, or Divorced (write the word) *SINGLE*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 11, 1936*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *5 4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*

13. NAME *Charles Fy Fong Lee*

14. BIRTHPLACE (city or town) (State or country) *China*

15. MAIDEN NAME *Sh Hsueh*

16. BIRTHPLACE (city or town) (State or country) *China*

17. INFORMANT *Union Mem. Hosp. Recd.* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine Cemetery* Date *Oct 11 / 36*

19. UNDERTAKER *Stewart & Brown Co.* (Address) *108-10 North Avenue*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 15, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 11* 1936, to *Oct 15*, 1936

I last saw him alive on *Oct 15*, 1936 Death is said to have occurred on the date stated above, at *6:34* a.m.

The principal cause of death and related causes of importance were as follows:

INTERCRANIAL HEMORRHAGE (spontaneous delivery)

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury? *No*

What test confirmed diagnosis? *Sludgy spinal fluid.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. B. Smith* M. D.

(Address) *Union Mem. Hosp.*

CT 16 1936

OCCUPATION is very important. See instructions on back of certificate.

28115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28115

CERTIFICATE OF DEATH

210-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph Hosp 15-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3706 Springdale Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mary*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *52* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Joseph*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Mindel*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Mary Taetle*(Address) *Wash. D. C.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Windsor Mill* Date *10/16/36*19. UNDERTAKER *Jack J. J. J.*(Address) *1439 E. Baltimore St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-14-36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquest* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull
Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? *yes* Date of *10/14/36*For what disease or injury? *Fractured Skull*Name *Reynold Ashley M. Drake* Date of *10/14/36*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *10-14-36*Where did injury occur? *On highway* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Highway*Manner *Collision with auto truck*Nature *While driving his auto*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Hubert H. H. H.* M. D.(Address) *907 N. C. H. H.* Coroner

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s o

OCT 16 1936

28116

HEALTH DEPARTMENT—CITY OF BALTIMORE

28116

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hamilton

CITY OF BALTIMORE: (No. 5613 Borter ave. 27-4

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Lewellyn Owens U.S. Mar. no.

(a) Residence: No. 5613 Borter ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

widower

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of)

Mary Kelso Richardson

6. DATE OF BIRTH (month, day, year)

July 28th 1850

7. AGE

86

Years

Months

Days

If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Former

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto City Md.

13. NAME

Thomas Owens

14. BIRTHPLACE (city or town) (State or country)

Wales

15. MAIDEN NAME

Maria Borman

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Noble Owens

(Address)

5613 Borter ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Fairview Bur. Date Oct 17th 1936

19. UNDERTAKER

(Address)

John Burns Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 6, 1933 to Oct 15, 1936

Death is said

to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (arteriosclerosis)

Date of onset

a number 24.00

Other contributory causes of importance:

Cardiac Decompensation

Oct 13 1936

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd. Baltimore Maryland

OCT 16 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28117

F 28117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 W Bane St., 39-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Charles Cornish

If U. S. Veteran

specify WAR

(a) Residence: No. 654 W Bane

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1 19117. AGE 25 Years 23 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 193411. Total time (years) spent in this occupation 212. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Cornish Jr14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Edith Cornish16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Charles Cornish(Address) 654 W Bane St

18. BURIAL, CREMATION, OR REMOVAL

Place mt ZionDate Oct 18 193619. UNDERTAKER Leah B. Brown(Address) 1086 Mont...

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/3622. I HEREBY CERTIFY. That I attended deceased from May 8 36 to Oct 14 36I last saw him alive on Oct 14 1936 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Date of onset

Other contributory causes of importance:

Pulmonary Tbc.6 mos agoWas an operation performed? no

Date of

For what disease or injury?

Name of operation clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to emphysema in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no - If so, specify

Signed

(Address)

M. D.

John B. Brown
1086 Mont...

State CAUSE OF DEATH in plain terms, so that it may be properly examined. See instructions on back of certificate. OCCUPATION is very important.

T 16 1936

F 28118 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28118

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
 CITY OF BALTIMORE: (No. St. 70-32 Ward)
 Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME Donald Tyler
 (a) Residence: No. 309 S. Payson St. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 War Service: None

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) May 2, 1915 | | |
| 7. AGE Years 21 Months 5 Days 12 | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman | | |
| 10. Date deceased last worked at this occupation (month and year) Apr. 20, 1936 | | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1936
 22. I HEREBY CERTIFY, That I attended deceased from October 9, 1936 to October 14, 1936
 I last saw him alive on October 14, 1936. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced

Date of onset
Feb. 1936

Other contributory causes of importance:

Was an operation performed? no Date of _____
 For what disease or injury? _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) T.M.H. Anderson M.D.
 U.S. Marine Hospital, Balto.
 (Address)

OCCUPATION is very important. See instructions on back of certificate.

| | |
|--|--|
| FATHER | 12. BIRTHPLACE (city or town) Hoopersville (State or country) Md. |
| | 13. NAME Ernest M. Tyler |
| MOTHER | 14. BIRTHPLACE (city or town) ? (State or country) |
| | 15. MAIDEN NAME Nina Walsten |
| | 16. BIRTHPLACE (city or town) ? (State or country) |
| 17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hospital Date Oct 16, 1936 | |
| 19. UNDERTAKER E. Leroy Stiffler, Inc. (Address) 125 E. North Ave. | |

OCT 16 1936

F D. 28119

✓ F 28119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. 4-1 Ward)Length of residence in city or town where death occurred yrs. mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 4 18647. AGE Years 65 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 001512. BIRTHPLACE (city or town) (State or country) Germany13. NAME Joseph14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Maria Metaki16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Chas. M. Amodeo(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sx Marys Bryantown Date 10/19 193619. UNDERTAKER William Cook(Address) 1217 Sx Charles Sx20. FILER 1936

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Extensive burns - back
neck - thigh - legs - arms
forearms

Other contributory causes of importance:

Burn trauma - Venemia

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident

Accident, suicide, or homicide?

Date of Injury Oct 4 1936Where did injury occur? Hagerstown, Maryland
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at homeManner of Injury Upset oil lamp during nightNature of Injury extensive burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. M. M. M.

Coroner M. D.

(Address) 1010 S. S. S. S.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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CT 16 1936

F 28121

17611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28121

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME John Trawinski

If U.S. Veteran specify WAR

(a) Residence: No. 203 N. Chapel St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

3a. If married, widowed, or divorced HUSBAND of Julia Trawinski (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1886

7. AGE 50 Years 7 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME May ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Oct. 19, 1936

19. UNDERTAKER J. Dalton Boykin (Address) 700 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-36

22. I HEREBY CERTIFY. That I attended deceased from 10-1-36 to 10-14-36

I last saw h. M. native on 10-14-36. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

14 days

Other contributory causes of importance:

Hypertensive Cardiac renal Dis. Urk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John J. Rainey M. D. Baltimore City Hospital

M. D.

Baltimore City Hospital

FILED

OCT 16 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28122

F

28122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Eastern Ave. St., 1-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2231 Eastern Ave. St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie 1877
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb-15 18787. AGE Years 59 Months 8 Days — If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936 Feb. 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Austria Prague13. NAME J. Gnauer14. BIRTHPLACE (city or town) (State or country) Prague15. MAIDEN NAME Urban

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Kulacki (son)
(Address) 1217 N. Calver18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 10/17/3619. UNDERTAKER John M. Maher
(Address) 1010 S. Church20. FILED 1010 S. Church

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation from hanging

Other contributory causes of importance:

Temporary insanity

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide suicide Date of injury Oct 15, 1936Where did injury occur? Baltimore Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at his homeManner of injury Hanging - mechanical asphyxiationNature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Maher Coroner

M. D.

(Address) 1010 S. Church

Information shown in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 28123 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28123

CERTIFICATE OF DEATH

✓ 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 Culver St. 70-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 116 S. Culver St., _____ Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower
6a. If married, widowed, or divorced HUSBAND of Catherine Kelly Ryan (or) WIFE of Catherine Kelly Ryan

6. DATE OF BIRTH (month, day, year) Oct. 10, 1857

7. AGE 79 Years 0 Months 4 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Balto Md. (State or country)

13. NAME Michael Ryan
14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Concannon
16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. John H. Amer (Address) 116 S. Culver St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cnd. Date Oct. 17, 1936

19. UNDERTAKER Margaret J. Flynn (Address) 1422 N. Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1936 to Oct. 14, 1936

I last saw him alive on Oct. 11, 1936 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction

Date of onset

9/16/36

Other contributory causes of importance

Arteriosclerosis
Pulmonary Edema

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation Myocardial Infarction Date of Sept. 16, 1936
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James P. McKinstry M. D.

(Address) 221 N. Calver St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

16 1936

F 28124 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7305 Old Hayford Rd. St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 7305 Old Hayford Rd. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX M | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widowed |
| 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jonathan Cogle | | |
| 6. DATE OF BIRTH (month, day, year) Feb 5 - 1959 | | |
| 7. AGE | Years 76 | Months 77 |
| | Days 8 | If LESS than 1 day, hrs. or min. 10 |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife | 11. Total time (years) spent in this occupation 0037 |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill, bank, etc. | 10. Date deceased last worked at this occupation (month and year) 12 yrs |
| FATHER | 12. BIRTHPLACE (city or town) (State or country) Loudoun Co Virginia | |
| MOTHER | 13. NAME Philip Henry | |
| | 14. BIRTHPLACE (city or town) (State or country) Virginia | |
| | 15. MAIDEN NAME Mary E Painter | |
| | 16. BIRTHPLACE (city or town) (State or country) Virginia | |
| 17. INFORMANT (Address) Maud V. Cogle 7305 Old Hayford Ave | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hypocrite Date Oct 19 1936 | | |
| 19. UNDERTAKER (Address) Charles D. Towell 24 21 Calumet Ave. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Oct 15 1936

I last saw her alive on Oct 5 1936 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Arthritis deformansDate of onset
Prior to
1932
1936

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

A. M. Bacon

M. D.

(Address) 7810 Taylor Ave. Hamilton

OCCUPATION is very important. See instructions on back of certificate.

16-1936

F 28125 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28125

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 West Baltimore St. Ward 1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edward F. Kremer

H. U. S. Veteran

specify WAR _____

(a) Residence: No. 1820 West Baltimore St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) January 29 - 1860

7. AGE Years 76 Months 9 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Kremer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Long

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Catharine Kremer (Address) 190 W. Balt. (Initials) _____

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Oct 19 1936

19. UNDERTAKER George A. Farley (Address) Fulton Ave & Fayette

20. FILED Stanton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 - 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Pectoris

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Thos H Phillips M. D. Coroner

(Address) 1229 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

CT 16 1936

F 28126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1504 N. Gay* ST. *8-7* WARD)2-FULL NAME *Agnes Theresa Chambers*(a) RESIDENCE NO. *1504 N. Gay*
(Usual place of abode)Length of residence in city or town where death occurred *25* yrs. *11* mos. *28* daysREGISTERED NO. *93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Widow.*5a If married, widowed, or divorced *HUSBAND* of *Frank Chambers* (or) WIFE of6 DATE OF BIRTH (month, day, and year) *Oct 18, 1860*7 AGE Years *75* Months *11* Days *28* If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) *Baltimore Md*
(State or country)10 NAME OF FATHER *Joseph Krichton*11 BIRTHPLACE OF FATHER (city or town) *Holland*
(State or country)12 MAIDEN NAME OF MOTHER *May Charlotte?*13 BIRTHPLACE OF MOTHER (city or town) *Holland*
(State or country)14 Informant *Son (Albert Chambers)*
(Address)15 *Huntington Williams, Jr.*
Registral

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Oct 15-36*

17

I HEREBY CERTIFY, That I attended deceased from *Sept 30*, 19*36*, to *Oct 15*, 19*36*, that I last saw him alive on *Oct 15*, 19*36*, and that death occurred, on the date stated above, at *11:45 A.M.*

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

CONTRIBUTORY (Secondary)

(duration) yrs. *3* mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Findings exam.*(Signed) *J. N. May Matchup*, M. D., 19 (Address) *1116 Greenmount Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Vincent's Cemetery

UNDERTAKER

Wendell C. Humphreys

DATE OF BURIAL

10-19-36

ADDRESS

*15-01 N. Broadway*N. B.—WRITE PLAINLY
information should be
CAUSE OF DEATH
TION is very important. See instructions on back of certificates.

OCT 16 1936

28127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28127

CERTIFICATE OF DEATH

17757

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward 76-8)Registered No. 122-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Domenico Tiburzi(a) Residence: No. 3521 Claremont Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tiburzi | | |

6. DATE OF BIRTH (month, day, year) 1-26-1896

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, <u></u> hrs. or <u></u> min. |
| | 40 | 8 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **0040**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Italy**
(State or country)13. NAME **Giacinto Tiburzi**14. BIRTHPLACE (city or town) **Italy**
(State or country)15. MAIDEN NAME **Theresa Masetti**16. BIRTHPLACE (city or town) **Italy**
(State or country)17. INFORMANT **Hospital Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place **SACRED HEART CEM.** Date **OCT. 19** 193619. UNDERTAKER **Frank Della Rose**
(Address) **52 N. Morley St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 193622. I HEREBY CERTIFY, That I attended deceased from 10-7 1936 to 10-15 1936I last saw him alive on 10-15 1936 Death is said to have occurred on the date stated above, at 9:58 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Suppurative pneumonia Data of onset **2 yrs.**

Other contributory causes of importance:

Bronchopneumonia **3 days**Was an operation performed? **yes** Date of **10-8-36**For what disease or injury? **Repair of hernia**What test confirmed diagnosis? Was there an autopsy? **NO**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) **W. J. Hooper** M. D.(Address) **Balt. City Hosp.**

State cause of death in plain terms on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

T 16 1936

F 28128

28128 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Augusta Ave. St. 70-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME Lillie S. Gray

(a) Residence: No. 237 Augusta Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) W

5a. If married, widowed, or divorced HUSBAND of Danial W. R. Gray (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 24, 1861

7. AGE Years 75 Months 11 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 8037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkton, Md. (State or country)

13. NAME James McNeal

14. BIRTHPLACE (city or town) Elkton, Md. (State or country)

15. MAIDEN NAME Annie J. Logan

16. BIRTHPLACE (city or town) Elkton, Md. (State or country)

17. INFORMANT Helen Gray Gluck (Address) 237 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Oct. 17, 1936

19. UNDERTAKER Geo. J. Smith (Address) 1900 Eutaw Place, City

20. FILED 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1935, to 10-15, 1936

I last saw her alive on 10-13, 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) Frederick Rd. at Augusta A.

F 28129-500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28129

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 CHANCERY ST. WARD)

2—FULL NAME

CHARLOTTA LILLIAN WHITEHURST

(a) RESIDENCE NO.

(Usual place of abode)

218 CHANCERY RD. 12 WARDLength of residence in city or town where death occurred 63 yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

FEM.

4 COLOR OR RACE

WHITE

5 Single, Married, Widowed, or Divorced, (write the word)

SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

UNKNOWN

7 AGE

63

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

BALTIMORE
MARYLAND

10 NAME OF FATHER

JESSE H. WHITEHURST

11 BIRTHPLACE OF FATHER (city or town) (State or country)

VIRGINIA

12 MAIDEN NAME OF MOTHER

MARY McILVAIN

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MARYLAND

14

Informant

(Address)

DAISY WHITEHURST
218 CHANCERY RD.

16 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

OCT. 15, 1936

17

I HEREBY CERTIFY, That I attended deceased from SEP 34, 1934, to OCT. 15, 1936that I last saw her alive on OCT. 15, 1936and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

CEREBRAL HEMORRHAGE
LEFT HEMIPLEGIA(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

NO

Did an operation precede death? Date of

NO

Was there an autopsy?

NO

What test confirmed diagnosis?

(Signed)

John R. Herrens

(Address)

3524 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

London Park Cem.Oct. 17, 1936

ADDRESS

20 UNDERTAKER

John A. Mitchell & Sons, Inc. 1900 Eastern Pl.

F 28130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28130

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Roundhill Road St. 9-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary V. Johnston(a) Residence: No. 1300 Roundhill Road St. 9-2 Ward. 9-2
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced HUSBAND of Joseph Johnston (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug. 19, 18567. AGE Years 80 Months 1 Days 26 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME James K. Nichols14. BIRTHPLACE (city or town) W. Va. (State or country) _____15. MAIDEN NAME Mary Riner16. BIRTHPLACE (city or town) Md. (State or country) _____17. INFORMANT James K. Jones (Address) 1300 Roundhill Road18. BURIAL, CREMATION, OR REMOVAL Central Cemetery Place Libertytown, Md. Date Oct. 17, 193619. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15-36 1922. I HEREBY CERTIFY, That I attended deceased from Oct 11 1936 to Oct 15 1936I last saw her alive on Oct 15/36 1936. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage & paralysis

Other contributory causes of importance:

arterio-sclerosis
hypertensionWas an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? PhysicalWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Arthur S. Hulst M. D.(Address) 2220 Garrison Ave.

T 15 1936

OCCUPATION is very important. See instructions on back of certificate.

28132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28132

CERTIFICATE OF DEATH

X ✓ 34-E-66-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Florence Luciblaugh*If U.S. Veteran
specify WAR

(a) Residence: No.

St.

Ward. *Pine Orchard, Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *46*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0037*

12. BIRTHPLACE (city or town) (State or country)

*Maryland*13. NAME *William Green*

14. BIRTHPLACE (city or town) (State or country)

*Maryland*15. MAIDEN NAME *Priscilla Green*

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Unk. N. Md.*Date *Oct. 16*

19. UNDERTAKER (Address)

*Commissioner of Health**Per H. A. Moore*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 13, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 26* 1936 to *Oct. 13* 1936I last saw her alive on *Oct. 13* 1936. Death is said to have occurred on the date stated above, at *1:25 P. m.*

The principal cause of death and related causes of importance were as follows:

Syphilis, tertiary. (C.N.S. Les.)
Colloid Enter with adenoma

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Wass. Kahn* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. H. Gillis
Mercy Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

16 1936

2601

F 28133

28133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Med Gen Hosp St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? 1 yrs. 7 mos. 7 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

Murray McCann
Perryville, MdSt., 11-3 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Florence McCann (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 3 - 18907. AGE 45 Years 46 Months 13 Days If LESS than 1 day, 13 hrs. or 13 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm10. Date deceased last worked at this occupation (month and year) 193611. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Charles McCann14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Sarah H. Kuis16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT W. J. Tucker (Address)18. PLACE OF DEATH, OR REMOVAL Perryville, Md Date Oct. 16 - 193619. UNDERTAKER W. J. Patterson (Address) Perryville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16/3622. I HEREBY CERTIFY, That I attended deceased from 7-9-36 1936 to 10-16-36 1936I last saw him alive on 10-16-36 1936 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pyloric Ulcer
Chronic Nephritis

Other contributory causes of importance:

UremiaWas an operation performed? yes Date of 10/13For what disease or injury? Ulcer of StomachName of operation Gastro-enterostomy Date of 10/13What test confirmed diagnosis other Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Tucker M. D.(Address) W. J. Tucker

16 1936

OCCUPATION is very important. See instructions on back of certificate.

28134

F 28134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓ 122-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Heights* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *Ellicott City Md* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Chas. Rogers*6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days *42 yrs* if LESS than 1 day.....hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year) *North Carolina*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Lee Rogers N. C.*13. NAME *Flora Walker*
14. BIRTHPLACE (city or town) (State or country) *N. C.*15. MAIDEN NAME *Hoep Round.*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL (Address)

19. UNDERTAKER (Address)

20. DATE OF DEATH (month, day, year) *10/18/36*

21. Was disease or injury in any way related to occupation of deceased?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/16/36*22. I HEREBY CERTIFY, That I attended deceased from *10/14/36* 19 to *10/16/36* 19.I last saw her alive on *10/16/36* 19. Death is said to have occurred on the date stated above, at *3:50 p. m.*

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset *10/14/36*
Cardiac decompensation *10/16/36*

Other contributory causes of importance:

Was an operation performed? *yes* Date of *10/14/36*For what disease or injury? *Intestinal obstruction*What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. R. Adams* M. D.
(Address) *University Hospital*

16 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28135

16544

F 28135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Edna Howe

If U.S. Veteran

specify WAR

(a) Residence: No. 432 Furrow St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Howe6. DATE OF BIRTH (month, day, year) 4-16-18877. AGE 49 Years 29 Days If LESS than, I day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)13. NAME Charles Conwell (D)14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Ida Wilson16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Louder Rk. Date 10/17/3619. UNDERTAKER Geo. J. Meyer & Son
(Address) 1572 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-36, 1922. I HEREBY CERTIFY, That I attended deceased from 8-21, 1936 to 10-15, 1936I last saw him alive on 10-15, 1936 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-renal Dis.

Date of onset

1935

Other contributory causes of importance:

Diabetes mellitus

Date of onset

7 yrs?Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John F. Rann
Baltimore City Hospital

M. D.

16 1936

RECEIVED

OCCUPATION is very important. See instructions on back of certificate.

1819733
28136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28136

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Arthur Wagner

(a) Residence: No.

Rock Hall

St. MD Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/4/36

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Wagner

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME Julia Sloney

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Friends

18. BURIAL, CREMATION, OR REMOVAL (Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Chapel Date Oct 18 1936

19. UNDERTAKER B. R. Fellows

(Address) Still Road MD

17 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1936 to Oct. 16 1936

I last saw him alive on Oct. 16 1936 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Dysentery, bacillary
Shigellosis?

Date of onset 10-7

Other contributory causes of importance:

Dehydration

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) Wm. C. J. Lister, Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

✓ F 28137

F 28137 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 McElloh St., 11-4 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1017 McElloh St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) B

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21-1936

7. AGE Years 0 Months 3 Days 24 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Wright 14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Scott 16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Scott (Address) 1017 McElloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn Date Aug. 17, 1936

19. UNDERTAKER Charles G. Cooper (Address) 1514 N. Calhoun St.

20. FILER 17-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above. The principal cause of death and related causes of importance were as follows:

Death resulting from Septicemia

Other contributory causes of importance: no

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo J. Cooper M. D.

(Address) 507 Pennsylvania

F 28138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28138

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Penna. Ave. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nora Fisher

If U. S. Veteran

specify WAR

(a) Residence: No. 2129 Penna Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| F | Col. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

widowed

6. DATE OF BIRTH (month, day, year) Dec. 1884

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 51 | 10 | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8-1-36

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country)

Frederick Md.

FATHER

13. NAME

Jack Kerp

14. BIRTHPLACE (city or town) (State or country)

Frederick Md.

MOTHER

15. MAIDEN NAME

Lucy Johnson

16. BIRTHPLACE (city or town) (State or country)

Frederick Md.

17. INFORMANT (Address)

Rosa D. Pickerson 2129 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 10-17, 1936

19. UNDERTAKER (Address)

Charles G. Cooper 614 N. Calhoun St.

20. FILE

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1936

22. I HEREBY CERTIFY That I attended deceased from May 1 to Oct 15, 1936

I last saw him alive on Oct 15, 1936. Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Coronary Aneurysm
Hypertension
Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 28139

F 28139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 12-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 443 Whitridge Ave.

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Minnie Gulach
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 12-18737. AGE Years 63 Months 3 Days 2 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME Churston Gulach14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Mary Lange16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT William Gulach

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 17 193619. UNDERTAKER Wm Cook(Address) 1217 St Paul St20. DATE OF DEATH Oct 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal chest
injuries

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: acc Date of injury 10-14, 1936

Accident, suicide, or homicide? _____

Where did injury occur? Re Cop 5011
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner Struck by autoNature While Crossing Street

24. Was disease or injury in any way related to occupation of deceased?

If specify _____

(Signed) Hubert G. Cook M. D.(Address) 1217 St Paul St

See instructions on back of certificate. OCCUPATION is very important.

v s 6

F 28140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Harlem Ave St. 16-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Grace L. Ramsey

(a) Residence: No. 2708 Harlem Ave.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Vet.

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Walter H. Ramsey. (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4-1868

7. AGE Years 68 Months 3 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 10-11-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Ind.

13. NAME John W. Walker

14. BIRTHPLACE (city or town) Trappe (State or country) Ind.

15. MAIDEN NAME Mary B. Taylor

16. BIRTHPLACE (city or town) Baltimore (State or country) Ind.

17. INFORMANT Walter H. Ramsey (Address) 2708 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 19th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. 17 1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16- 1936

22. I HEREBY CERTIFY That I attended deceased from 10-13- 1936 to 10-16- 1936

I last saw her alive on 10-16- 1936 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

10-12-36

Other contributory causes of importance:

Hypertension
Diabetes Mellitus

Unknown

Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Chester Kiland

M. D.

(Address) 2532 Edmonson Ave.

OCCUPATION is very important. See instructions on back of certificate.

28141 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28141

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp* Ward) *30-1* *124-B*

Length of residence in city or town where death occurred.....yrs.....mos. *4* ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME *Mrs Mildred B. Dunning*

If U.S. Veteran
specify WAR.....

(a) Residence: No. *11 Overbrook Rd* *Catonsville* Ward. *5*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
HUSBAND of *Robert W. Dunning, Jr.*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *September 22, 1895*

7. AGE Years *41* Months *-* Days *23* If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

13. NAME *Basil V. Buckey*

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME *Emma Hergesheimer*

16. BIRTHPLACE (city or town) *Frederick*
(State or country) *Maryland*

17. INFORMANT *Mr. Robert W. Dunning, Jr.*
(Address) *11 Overbrook Rd., Catonsville*

18. BURIAL, CREMATION, OR REMOVAL
Place *Druid Ridge Cem.* Date *Oct. 19* *1936*

19. UNDERTAKER *Robert J. Cook*
(Address) *1005 W. Baltimore St.*

20. FILED *17 1936* *Attending Physician* *NEW*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/15*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *10/11*, 19*36* to *10/15*, 19*36*

I last saw him alive on *10/15*, 19*36* Death is said to have occurred on the date stated above, at *1:45* p.m.

The principal cause of death and related causes of importance were as follows:

Biliary Encephalitis of Suck (Hypertrophic)

Date of onset

Other contributory causes of importance:

Jamnic

Was an operation performed? *Yes* Date of *10/13/36*

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? Date of injury.....19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas. M. Metch
Bon Secours Hosp

M. D.

F 28142 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E. Preston St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter John Ritter

(a) Residence: No. 2305 E. Preston St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of Katherine Ritter (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 7, 1878

7. AGE Years 58 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill

10. Date deceased last worked at this occupation (month and year) Aug. 15, 1936 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Michael Ritter

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Frances Schmidt

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Katherine Ritter (Address) 2305 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 19, 1936

19. UNDERTAKER Martin W. C. Piffel

20. FILED 17 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 1933, to October 15, 1936

I last saw him alive on Oct. 15, 1936 Death is said to have occurred on the date stated above, at 10²⁰ P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease

Date of onset

1931

Arteriosclerotic Renal Disease

1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) F. Karl Grossman M. D.

(Address) 1212 N. Patterson Pk. Ave.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 28143

28143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Argyle ave. 14-22

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 mos. 14 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1531 Argyle ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Whittington

6. DATE OF BIRTH (month, day, year) April (?) 1884

7. AGE Years 52 Months 6 Days 11. Total time (years) spent in this occupation 2018

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Marion (State or country) Somerset Co. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Frances Whittington

16. BIRTHPLACE (city or town) Marion (State or country) Somerset Co. Md.

17. INFORMANT William Craig

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date October 18, 1936

19. UNDERTAKER Mrs. Lottie Gross

(Address) 1405 Ashland ave.

17-1006

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Oct 15, 1936

I last saw him alive on Oct 15, 1936 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Polar Pneumonia

Date of onset

Oct 9th 1936

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Sullivan, M. D.

(Address) 434 E 23rd St.

28144

HEALTH DEPARTMENT—CITY OF BALTIMORE

28144

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E. Fort Ave St. 74-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 208 E. Fort Ave St. Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine C.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 73

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) District of Columbia

13. NAME William D. Sadler

14. BIRTHPLACE (city or town) (State or country) D. C.

15. MAIDEN NAME Kate Huseman

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Catherine Sadler

(Address) 208 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Oct 20, 1936

19. UNDERTAKER J. Lee McQuibby

(Address) 130 E. Fort Ave

OCT 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Oct 16, 1936

I last saw him alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

7/1/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Sidney H. Streett, M. D.

(Address) 424 E. Fort Ave

31973²

F 28145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Maddelin(a) Residence: No. 1320 W. Lafayette St., Annapolis

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/24/35-7. AGE Years 13 Months 15- Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Ethel Maddelin14. BIRTHPLACE (city or town) (State or country) Pa -15. MAIDEN NAME Madel Maddelin16. BIRTHPLACE (city or town) (State or country) Mo -17. INFORMANT Records -(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn CemDate October 17, 193619. UNDERTAKER Joseph A. Linch(Address) 409 N. Mount Street

17-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 - 193622. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 15 - 1936I last saw her alive on Oct 15 - 1936 Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

bronchitisdiarrhea enteritis

Date of onset

10-3-3610-6-36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Lydia B Edwards

M. D.

(Address) Johns Hopkins Hospital

28146^{S-9}

F 28146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W 22d St 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 117 W 22d St

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race col. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Page

6. DATE OF BIRTH (month, day, year)

7. AGE Years 64 ? Months ? Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayborne Page Va

13. NAME Clayborne Page

14. BIRTHPLACE (city or town) (State or country) Clayborne Page Va

15. MAIDEN NAME Cordelia Warren

16. BIRTHPLACE (city or town) (State or country) Clayborne Page Va

17. INFORMANT

(Address) 2312 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 17, 1936

19. UNDERTAKER

(Address) 2101 Mc Carthy St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-36

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1936 to 10-14-1936

I last saw him alive on 10-14-1936 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Paraplegia

Date of onset

Other contributory causes of importance:

cessation of respiration

Name of operation none

Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Mayfield Boyle M. D.

(Address) 1429 Myrtle Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17 1936

28147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28147

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3009 Clifton Ave* St. *15* Ward *6*)Length of residence in city or town where death occurred *11* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Alvinda S. Van Sant(a) Residence: No. *3009 Clifton Ave*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 28 1868*7. AGE Years *68* Months *76* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Co.* (State or country)13. NAME *Nicholson Van Sant*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Sally M. Hood*16. BIRTHPLACE (city or town) *md* (State or country)17. INFORMANT *Mary A. Van Sant* (Address) *2211 N. Rodges Ave. Balto*

18. BURIAL, CREMATION, OR REMOVAL

Place *Asbury M. E. Ch.* Date *Oct 19* 19*36*

19. UNDERTAKER

(Address)

J. F. Elmer & Sons
*Baltimore Md**Attending Physician*
Wm. H. Williams, M.D.
Reg. Str.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 16* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 1* 19*36* to *Oct 16* 19*36*I last saw her alive on *Oct 16* 19*36* Death is said to have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Lung.

Date of onset

1935

Other contributory causes of importance:

*Myocardial Insufficiency**1936*Was an operation performed? *no* Date of *—*

For what disease or injury?

What test confirmed diagnosis? *—* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—* 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *William F. Sheelmann* M. D.(Address) *6 East Biddle St.*

OCCUPATION is very important. See instructions on back of certificate.

17 1936

F 28148

F 28148 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

905 N. Stricker St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Geraldine Johnson

(a) Residence: No.

905 Stricker

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

6/8/36

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Kellis Johnson

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Jessie Buckle

16. BIRTHPLACE (city or town) (State or country)

N.C.

17. INFORMANT

Kellis Johnson 905 Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/17/36

19. UNDERTAKER

Thomas E. Kelso

(Address)

3030 Reservoir St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16/36

22. I HEREBY CERTIFY, That I attended deceased from 10/14/36 to 10/16/36

I last saw her alive on 10/15/36 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro-Enteritis (Primary)

10/10/36

Other contributory causes of importance:

Malnutrition

9/1/36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

J. B. Hartwig 912 Wilbur St

M. D.

17/1936

Registrar

F 28149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28149

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Thomas's Hospital* St. *14* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1500 John St.* St. *14* Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
|-------------------------|----------------------------------|---|

| | |
|--|--|
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | <i>Gibson</i> <i>Varney H. Johnston</i> |
|--|--|

6. DATE OF BIRTH (month, day, year) *5-21-1870*

| | | | | |
|-----------|----------|-----------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>66</i> | <i>4</i> | <i>25</i> | | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>None</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country) *Baltimore County Maryland*13. NAME *John Berry Hammond*14. BIRTHPLACE (city or town) (State or country) *Baltimore County Maryland*15. MAIDEN NAME *Mary Campbell*16. BIRTHPLACE (city or town) (State or country) *Baltimore County Maryland*17. INFORMANT *Miss Ruth G. Johnston*
(Address) *1532 Park Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Oct. 19, 1936*19. UNDERTAKER *Wm J. Jackson & Son*
(Address) *1532 Park Ave.*20. REGISTRAR *Wm J. Jackson & Son*
(Address) *1532 Park Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 11, 1936* to *Oct. 17, 1936*I last saw him alive on *Oct. 17, 1936*. Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus
Cerebral Embolus (Previously)

Date of onset

*Oct. 17, 1936**7:22 a.m.*

Other contributory causes of importance:

arteriosclerosis, Generalized
*hypertension*Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *W.P. Sellers*(Address) *Thomas's Hospital*

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 1936

F 28150

F 28150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 0 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Barnes (Henry Eugene Barnes)(a) Residence: No. *Cooleeemee, N. C.* St. _____ Ward. *Cooleeemee, N. C.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *MARRIED*5a. If married, widowed, or divorced Ernestine
HUSBAND of *Genevieve BARNES*
(~~WIFE~~)6. DATE OF BIRTH (month, day, year) *Sept. 7, 1885*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*53 53 1 10*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cotton Buyer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cotton Factory*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Davidson Co. North Carolina*
(State or country)13. NAME *David Barnes* Davidson Co.14. BIRTHPLACE (city or town) *N. C.*
(State or country)15. MAIDEN NAME *Ellen Grubb* Davidson Co.16. BIRTHPLACE (city or town) *N. C.*
(State or country)17. INFORMANT *Mrs. G. E. Barnes*
(Address) *Cooleeemee, N. C.*18. BURIAL, CREMATION, OR REMOVAL
Place *Salisbury, N. C.* Date *Oct. 17, 1936*19. UNDERTAKER *Wm. J. Lichten & Sons*
(Address) *North 8th St. Baltimore*20. FILED *17 1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/17* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10/7* 19*36* to *10/17* 19*36*I last saw him alive on *10/17* 19*36* Death is said to have occurred on the date stated above, at *2:30* A. M.

The principal cause of death and related causes of importance were as follows:

*Encephalitis Lethargica*Date of onset
6 wks

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Spinal Puncture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Walter Henry Gerwig, Jr.* M. D.(Address) *University Hospital*

OCCUPATION is very important. See instructions on back of certificate.

F 28151

F 28151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 25 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Allie Sanford Jr.

If U. S. Veteran

specify WAR

(a) Residence: No. 1214 N. Bond St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 22, 1936</u> | | |
| 7. AGE | Years | Months |
| | | Days |
| | | <u>25</u> |
| | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME Allie Sanford
14. BIRTHPLACE (city or town) North Carolina
(State or country)15. MAIDEN NAME Matthe Smith
16. BIRTHPLACE (city or town) North Carolina
(State or country)17. INFORMANT Mother
(Address) Same18. BURIAL, CREMATION, OR REMOVAL
Place St. Gabriel's Date Oct 17, 193619. UNDERTAKER Robert Williams
(Address) 1513 McElroy St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 4, 1936 to Oct 17, 1936I last saw him alive on Oct 17, 1936 Death is saidto have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Gonorrheal ophthalmia
Acute gastroenteritis

Date of onset

10-1-3610-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Sign) Francis J. Schwenker M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

CT 18 1936

28152

F 28152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* St. *14-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *3*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Sept 16-36*7. AGE Years _____ Months _____ Days *6* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baby Saver*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Westford, Md* (State or country) _____13. NAME *Harry Morris*14. BIRTHPLACE (city or town) *Md* (State or country) _____15. MAIDEN NAME *Bessie Whyte*16. BIRTHPLACE (city or town) *Md* (State or country) _____17. INFORMANT *Hospital Records* (Address) *Provident Hospital*18. BURIAL, CREMATION, OR REMOVAL *Spaulds, Md*19. UNDERTAKER *Wm. C. Burns & Son* (Address) *Spaulds, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 16, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Infected Umbilicus**Oct 10 1936*

Other contributory causes of importance: _____

Was an operation performed? *no*

Date of _____

For what disease or injury? *no*Name of operation. *no*

Date of _____

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If specify _____

(Signed) *J. S. Allen* M. D.(Address) *507 Annapolis St.*

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

1936

Registrar

F 28153

F 28153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Pine St. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Solone Taylor El.

(a) Residence: No. 308 N. Pine St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Taylor El.

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Sarah Orr

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Wm. Taylor El. (Address) 308 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Oct. 17, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 312 N. Pine St.

T. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. (Address) 2757 N. W. 18

CERTIFICATE OF DEATH.

CITY OF BALTIMORE: (No. 1313 Harlem Ave ST. 16 WARD)

REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

(a) RESIDENCE NO. 1313 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Has been in U. S. (if of foreign birth) yrs. mos.

length of residence in city or town where death occurred / yrs. / mos — ds. How long in U. S., if of foreign birth? yrs. mos ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15-'36

17
I HEREBY CERTIFY. That I attended deceased from
Aug. 21, 1936, to *Oct. 14*, 1936
that I last saw her alive on *Oct. 14*, 1936
and that death occurred, on the date stated above, at *8:30A* m

THE CAUSE OF DEATH* was as follows:

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(c) Name of employer

10 NAME OF FATHER

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant
(Address)

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? *no*

What test confirmed diagnosis? Examination of spinal
(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lawrence St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL *16-18*

DATE OF BIRTH.

UNDELTAKET

ADDRESS

OCT 13 1936

St. Louis, Mo. 1894. J. J. Josephus Hable of 918 1/2 1st St.

F 28155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28155

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1516 E. Madison* St., *7-5* Ward)Length of residence in city or town where death occurred *2* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? *2* yrs. *2* mos. *2* ds.

2. FULL NAME

*Vincent L. Garner*Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR(a) Residence: No. *1516 E. Madison* St., *7-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed,
or Divorced (write the word) *widowed*5a. If married, widowed, or divorced
HUSBAND of *unknown*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1887*7. AGE Years *49* Months *1887* Days *✓* If LESS than
1 day, *✓* hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *all kinds*
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *St Mary's Co, Md*13. NAME *unknown*
14. BIRTHPLACE (city or town)
(State or country) *Md*15. MAIDEN NAME *unknown*
16. BIRTHPLACE (city or town)
(State or country) *Md*17. INFORMANT *Elizabeth Brown*
(Address) *1516 E Madison St*18. BURIAL, CREMATION, OR REMOVAL.
Place *mt Zion cemetery* Date *10/19/1936*19. UNDERTAKER *Mrs Lbas H. Bailey*
(Address) *1401 Jefferson St E.*20. FILED *100* *100*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 16*, 193622. I HEREBY CERTIFY. That I attended deceased from
Sept 4, 1936, to *Oct 16*, 1936I last saw him alive on *Oct 13*, 1936 Death is said
to have occurred on the date stated above, at *2:40* m. *2:40* amThe principal cause of death and related causes of
importance were as follows:*Pulmonary Phthisis*

Date of onset

Other contributory causes of importance:

*Excess*Was an operation performed? *no* Date ofFor what disease or injury? *✓*Name of operation *Spinal Puncture* Date ofWhat test (to determine) *no* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? *✓* Date of injury *19*Where did injury occur? *✓* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

no If so specify(Signed) *J. Edward Fisher* M. D.(Address) *1612 E Monument*

OCCUPATION is very important. See instructions on back of certificate.

28156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28156

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1617 1/2 Broadway* St., *8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francis Rehm(a) Residence: No. *1617 1/2 Broadway* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 1. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female *White* *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *80* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *John Rehm*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Jos. J. Rehm*(Address) *1800 Belvoir Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's Church* Date *Oct 29* 19*36*19. UNDERTAKER *Rita Wiedefeld*(Address) *914 Greenmount Ave*

20. FILED

i. 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 15* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Sept 2* 19*36* to *Oct 15* 19*36*I last saw her alive on *Oct 14* 19*36* Death is said to have occurred on the date stated above, at *2-9* m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

1935

Other contributory causes of importance:

Cerebral Apoplexy *Oct 14*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John T. Avery M. D.

(Address)

1603 1/2 Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 12-157
F 28157

F 28157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2832 Harlem Ave. St. 16-6 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Lotman

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veteran
specify WAR

(a) Residence: No.

Elkton, Md.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Clara Lotman

6. DATE OF BIRTH (month, day, year) December 23, 1861

7. AGE Years 74 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster (State or country) Pennsylvania

13. NAME Levi Lotman

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) UNKNOWN (State or country)

17. INFORMANT Mr. Harry Lotman (Address) 2832 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 19, 1936

19. UNDERTAKER Jos. Block (Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1215 Hanover St.

Coroner

M. D.

Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s s

CT 18 1936

F 28158

F 28158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Whittier Ave St. 3-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth 38 yrs. 3 mos. 1 ds.

2. FULL NAME

W. S. Goldfern (William)(a) Residence: No. 2324 Whittier Ave St. 3-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lena
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 47 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as contractor
sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as for Districts
silk mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Samuel 14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Rachael 16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Lena Goldfern
(Address)18. BURIAL, CREMATION, OR REMOVAL 10-18-36
Place Ches. Spalen Date 1919. UNDERTAKER Rich. Davis Inc
(Address) 1439 E. 12th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 193622. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to Oct 16, 1936.
I last saw him alive on Oct 16, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Abscess of Lung

Date of onset

3 mos.

Other contributory causes of importance:

Abscess of Brain10 days23. If death was due to external causes (violence) fill in also the following:
Name of operation Bronchoscopic Exam. Date of 2 mos agoWhat test confirmed diagnosis? Biopsy Was there an autopsy? No
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public placeManner of Injury
Nature of Injury24. Was disease or injury in any way related to occupation of deceased?
No If so, specify(Signed) J. J. Lutz M. D.
(Address) Temple Garden Apt

OCCUPATION is very important. See instructions on back of certificate.

GT 13

F 28159

F 28159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senai Hospital* *15-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U. S. If of foreign birth? *30* yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1617 N. Bentall* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, or divorced
HUSBAND of *Rebecca*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 30 - 1881*7. AGE Years *55* Months *1* Days *17* If LESS than 1 day, ...hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Re*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Builder*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Long Sander*
(Address) *4107 Forest Park Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Wash Blvd* Date *10-18-36*19. UNDERTAKER *Chas Lewis Inc*
(Address) *1439 E. Pratt St*20. THURD *1200* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-17-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *10-4-36*, 19, to *10-17-36*, 19.I last saw him alive on *10-17-36*, 19. Death is said to have occurred on the date stated above, at *4:30* p.m.

The principal cause of death and related causes of importance were as follows:

*Coronary occlusion**Uremia followed the nephritis*

Date of onset

*10-3-36**10-6-36*

Other contributory causes of importance:

*Diabetes mellitus**Hypertension cardiovascular*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Alfred Schumacher*(Address) *Senai Hospital*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 28160 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28160

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital Registered No. 149-0
 CITY OF BALTIMORE: (No. Sinai Hospital St. 70-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? 28 yrs. mos. da.
 2. FULL NAME Sarah Barman
 (a) Residence: No. 2018 Christian St. St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|--|---|---|----------------------------------|
| 3. SEX <u>F</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sam Barman</u> | | | |
| 6. DATE OF BIRTH (month, day, year) | | | |
| 7. AGE <u>33</u> | Years | Months | Days |
| | | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u> | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| | 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | | |
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Russia</u> | | |
| | 13. NAME <u>Rubin Scher</u> | | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Russia</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Fannie</u> | | |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Russia</u> | | |
| | 17. INFORMANT <u>Mavis Scher</u> (Address) <u>16 N. Poppleton St</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Old Field</u> Date <u>10/18/36</u> | | | |
| 19. UNDERTAKER <u>Edmund J. ...</u> (Address) <u>1437 E. ...</u> | | | |
| 20. FILED _____ Registrar | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936 to Oct. 17, 1936
 I last saw her alive on Oct. 17, 1936 Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Surgical Shock

Other contributory causes of importance:
Cesarean Section & Anesthesia

Was an operation performed? Yes Date of 10/17/36
 For what disease or injury? Pregnancy

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Sidney Linas M. D.
 (Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 18 1936

F 28161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28161

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp* St. *25-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *100 Portman Ave* St. Ward.

(Usual place of abode)

If U.S. Veteran specify War *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 5 1923*7. AGE Years *3* Months *6* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *James Frederick*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Elma Floyd*16. BIRTHPLACE (city or town) *md* (State or country)17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Cedar Hill* Date *Oct 19 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-16* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *7-25* 19*36* to *10-16* 19*36*I last saw *her* alive on *10-16* 19*36*. Death is said to have occurred on the date stated above, at *5P.* m.

The principal cause of death and related causes of importance were as follows:

*meningitis (?)*Date of onset *10-10-36*

Other contributory causes of importance:

Cachexia following bilateral lobes pneumonia & emphysema *6-15-36*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. Freeman
Mercy Hosp

M. D.

OCCUPATION is very important. See instructions on back of certificate.

CT 18 1936 *Thurston* Registrar. *Wm Cook*

✓ F 28162 HEALTH DEPARTMENT—CITY OF BALTIMORE
 F 28162 CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 3574-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Mr. Edgar Biehl

(a) Residence: No. Toneytown, Md

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Mattie E. Biehl (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1876

7. AGE Years 60 Months 4 Days 7 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month, day, year) Sept 30/36 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME George Biehl 14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Penelope Miller 16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Mattie E. Biehl (Address) 3574 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL Mount Airy Burial Ground Date 10/20/36

19. UNDERTAKER J. M. Condit (Address) 1217 E. Paul St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1936, to Oct. 17, 1936

I last saw him alive on Oct. 16, 1936. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James Feldman

(Address) Maryland General Hosp.

M. D.

28163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28163

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma McIntyre

No Record

(a) Residence: No. 763 Ramsey St.,

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of William
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-1860

| | | | | |
|--------------|------------|--------------|------------|--|
| 7. AGE 76 | Years 1 | Months 19 | Days 19 | If LESS than 1 day, hrs. or min. |
|--------------|------------|--------------|------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Frederick Wagner

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Christina Price

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1936 to 10-16, 1936

I last saw h. alive on 10-16, 1936 Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 10-14-36

Other contributory causes of importance:

Carcinoma of Pancreas

6 mm

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John L. Karney
Baltimore City Hospital

28164

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28164

CERTIFICATE OF DEATH

17778

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Deer

(a) Residence: No. 1123 E. Lombard Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 65 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME John Deer

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Airy Date Oct 20 1934

19. UNDERTAKER Albert W. Carey (Address) 440 E. North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-36 . 19

22. I HEREBY CERTIFY. That I attended deceased from 10-8 1936 to 10-15 1936

I last saw him live on 10-15 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (non-syphilitic) Date of onset unknown

Other contributory causes of importance:

Tuberculosis (Active) of Lungs Date of onset unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Rainey

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 10

F 28165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* St. *22* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *900 Cathedral* St., Ward. (Usual place of abode)

If U. S. Veteran

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widower*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Esther H. Haulihan*6. DATE OF BIRTH (month, day, year) *July 13 - 1896*7. AGE Years *50* Months *3* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe Salesman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New York*13. NAME *Patrick Haulihan*14. BIRTHPLACE (city or town) (State or country) *unknown*15. MAIDEN NAME *Ellen*16. BIRTHPLACE (city or town) (State or country) *unknown*17. INFORMANT *Thomas Haulihan*(Address) *900 Cathedral St., son.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St Marys Roman* Date *Oct 19 1936*19. UNDERTAKER *Albert W. Bergey*(Address) *440 E. North Ave.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 16* 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage, due to Left internal capsule

Other contributory causes of importance:

*Hypertension, irregular heart.*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Thos H. Phillips*(Address) *1939 Edmond*

M. D.

State cause of death in plain terms, so that it may be properly understood. See instructions on back of certificate.

F 28166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28166

93-e
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 E 20th St., 9-8 Ward)

Length of residence in city or town where death occurred 72 yrs. How long in U. S. If of foreign birth? 72 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 509 E 20th St., 9-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widow

5a. If married, widowed, or divorced HUSBAND of Frank H. Folsom (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 20/1866

7. AGE Years 76 Months 5 Days 26 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0077
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Breittles Md. (State or country)

13. NAME James Getty

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Breittles Md. (State or country)

17. INFORMANT George B. Jones (Address) 509 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date Oct 19, 1936
Place

19. UNDERTAKER Harry H. Hunsicker (Address) 4204 Ridgemoor Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to October 16, 1936

I last saw her alive on Oct 16, 1936. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 5
Arteriosclerosis 10

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Erwin E. Meyer M. D.

(Address) The Explorers

OCCUPATION is very important. See instructions on back of certificate.

19

CT 18 1936

F 28167

F 28167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Regester St., 2-3 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Edward Matuk(a) Residence: No. 518 S. Regester St., 2-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 72-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30, 19247. AGE 10 Years 1 Months 17 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Alex Matuk14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Alice Bys16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mother
(Address) 518 S. Regester St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct. 19, 3619. UNDERTAKER Fred W. Ozaszewski
(Address) 1930 Eastern Ave.20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/36, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936, to Oct. 17, 1936I last saw him alive on Oct. 17, 1936. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Stodgers Disease
Mitral Stenosis, Inapp.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

Harry Linden
16 S. Broadway

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

10 1936

28168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28168

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Carey St. 19-1 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Col. Theodore D. Schek(a) Residence: No 306 N. Carey St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Schek6. DATE OF BIRTH (month, day, year) Nov. 27 - 18997. AGE Years 62 Months 10 Days 18 If LESS than 1 day..... hrs. or..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 080
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highways
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Charles F. Schek14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Catherine Berger16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Kate Schek (Address) 1917 St. Pratt Street

18. BURIAL, CREMATION, OR REMOVAL

Place London Park, Date Oct. 19, 193619. UNDERTAKER Joseph Schek (Address) 1917 St. Pratt Street20. DIED 1936 19 Oct 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 193622. I HEREBY CERTIFY. That I attended deceased from 1 P.M., 1936, to Oct. 15, 1936I last saw him alive on Oct. 14, 1936. Death is said to have occurred on the date stated above, at 8-30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Myocardial Infarction

Date of onset

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Schek M. D.(Address) 2502 Calverton Hwy

OCCUPATION is very important. See instructions on back of certificate.

F 28169

28169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St., 18-3*)Registered No. *124-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. — yrs. *14* mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *Sister Mary Placida Wilson* St. *St. Peter's Convent - 13 S. Poppleton St.* Ward. *18-3*
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <i>F</i> | 4. Color or Race <i>W</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>S</i> |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of *C*
(or) WIFE of

| | | |
|--|--|-------------------------------------|
| 6. DATE OF BIRTH (month, day, year) <i>March 4 1911</i> | 7. AGE Years <i>25</i> Months <i>7</i> Days <i>12</i> | 8. If LESS than 1 day, hrs. or min. |
|--|--|-------------------------------------|

| | | |
|---|---|---|
| 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Religious Teacher</i> | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <i>606</i> |
|---|---|---|

12. BIRTHPLACE (city or town) *Augusta*
(State or country) *Georgia*13. NAME *William S. Wilson*14. BIRTHPLACE (city or town) *South Carolina*
(State or country)15. MAIDEN NAME *Lillian Walker*16. BIRTHPLACE (city or town) *South Carolina*
(State or country)17. INFORMANT *Mother Placida*
(Address) *Mt. St. Agnes Convent*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. St. Agnes* Date *10/19* 19*36*19. UNDERTAKER *Henry W. Means & Son*
(Address) *805 N. Calvert St.*20. FILED *10 OCT 18 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-16* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *9-24* 19*36* to *10-16* 19*36*I last saw her alive on *10-16* 19*36* Death is said to have occurred on the date stated above, at *2 A* m.The principal cause of death and related causes of importance were as follows:
*Cirrhosis of liver*Date of onset
*June 1935*Other contributory causes of importance:
*none*Was an operation performed? *no* Date of *✓*

For what disease or injury?

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *✓* Date of injury *✓* 19*36*Where did injury occur? *✓* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *✓*(Signed) *J. Freeman* M. D.
(Address) *Mercy Hospital*

28170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28170

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 N. Eden St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1044 N. Eden St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of Pearl Wallace Offer WIFE of Pearl Wallace Offer6. DATE OF BIRTH (month, day, year) 7-18-18827. AGE Years 54 Months 2 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Edward Offer

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Marcelline Levi16. BIRTHPLACE (city or town) (State or country) Balto, md17. INFORMANT Samuel Lewis (Address) 1807 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Intealver, Md Date 10-17-193619. UNDERTAKER Byron & Mamie W. Wright (Address) 1215 N. C. Perry St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15, 193622. I HEREBY CERTIFY, That I attended deceased from 10-10, 1936 to 10-15, 1936I last saw him alive on 10-14, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 10-10-36

Other contributory causes of importance:

Arterio-sclerosisChr. interstitial NephritisWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

M. D.

F 28171 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital*)

Registered No. *158*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Baby Joseph Edward Myers*

(a) Residence: No. *1702 Semmon*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 23 1930*

7. AGE Years *1* Months *2* Days *3* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*

13. NAME *Nicholas Myers*

14. BIRTHPLACE (city or town) *Edm.* (State or country)

15. MAIDEN NAME *Julia E. Bush*

16. BIRTHPLACE (city or town) *N.J.* (State or country)

17. INFORMANT *Nicholas Myers*

(Address) *1702 Semmon Street*

18. BURIAL, CREMATION, OR REMOVAL *Laurel Mt.* Date *10/18/36*

19. UNDERTAKER *George A. Farley*

(Address) *1702 Semmon Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 17 1936*

22. I HEREBY CERTIFY, That I attended deceased from *October 16 1936* to *October 17 1936*

I last saw him alive on *October 17 1936* Death is said to have occurred on the date stated above, at *3 AM.*

The principal cause of death and related causes of importance were as follows: *malnutrition*

Other contributory causes of importance: *Cause unknown*

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D. M. Dixon M.D.*

(Address) *Bon Secours Hospital*

Registrar

CT 18 1936 *H. C. ...*

OCCUPATION is very important. See instructions on back of certificate.

28172

HEALTH DEPARTMENT—CITY OF BALTIMORE

28172

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 N. Washington St. St. 8-6 Ward)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 1. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HERMAN A. BARTH

(a) Residence: No. 1531 N. Washington St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Elizabeth Barth (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1856

7. AGE Years 80 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME John Barth

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Josephine Balster

16. BIRTHPLACE (city or town) Dont know (State or country)

17. INFORMANT Mrs. Elizabeth Barth (Address) 1531 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 19, 1936

19. UNDERTAKER John Ullrich (Address) 2108 Orleans St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from 10/8/36 to 10/16/36

I last saw him alive on Oct 15, 1936 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Hypertension

Cerebral hemorrhage

Other contributory causes of importance:

Hypostatic pneumonia

Date of onset

1936

10/8/36

10/14/36

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Joseph A. Barden M. D. 1514 E. North Ave

(Address)

OCCUPATION is very important. See instructions on back of certificate.

CT 18 1936

28173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Pelham Ave. St. 8-1 Ward)

Length of residence in city or town where death occurred 79 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA LEBRUN

(a) Residence: No. 2203 Pelham Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. LeBrun

6. DATE OF BIRTH (month, day, year) Jan. 11, 1857

7. AGE Years 79 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Henry A. Ludwig

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine Dill

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT J. Howard Evans (Address) 2203 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 19, 1936

19. UNDERTAKER (Address) East Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1936

22. I HEREBY CERTIFY That I attended deceased from June 1, 1936 to Oct. 15, 1936

I last saw him alive on Oct. 15, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

June 1, 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Harry E. Wilson 3 W. Biddle St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

CITY OF BALTIMORE

F 28174

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 727 Highwood Drive)

2-FULL NAME Mrs Anna E. Krug.

(a) RESIDENCE NO. 727 Highwood Drive

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White Widow

5a If married, widowed, or divorced

or) WIFE of

Engelhardt Krug

6 DATE OF BIRTH (month, day, and year)

June 21 1858

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

78

4

4

25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Germany

10 NAME OF FATHER

M. Lederhose

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Lederhose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14

Informant

(Address)

Harry Krug
2448 W. 4th St. Rd

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Oct 16 1936

17

I HEREBY CERTIFY, That I attended deceased from

June 8, 1931, to Oct 16, 1936,

that I last saw him alive on Oct 16, 1936,

and that death occurred, on the date stated above, at 5:15 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY — Atherosclerosis

(Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Arthur C. Monning, M.D.
19/16, 1936 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Baltimore Cem

Oct 19, 1936

20 UNDERTAKER

ADDRESS

John Uemich

1508 E. 1st St.

TION is very important. See instructions on back of certificates.

F 28175 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28175

CERTIFICATE OF DEATH

1. PLACE OF DEATH *U.S. Marine Hospital*
CITY OF BALTIMORE: (No. *Wyman Park 931* St. *12-6* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *12* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Henry M. Henry Jackson*

(a) Residence: No. *Tilghman, Md.* St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Mar 5, 1875*

7. AGE *61* Years *7* Months *13* Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Tilghman Md.* (State or country) _____

13. NAME *Wm. H. Jackson*

14. BIRTHPLACE (city or town) *Unknown* (State or country) _____

15. MAIDEN NAME *Anna M. Harris*

16. BIRTHPLACE (city or town) *Unknown* (State or country) _____

17. INFORMANT *Mrs. Ida Denton* (Address) *Tilghmans, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Tilghman Md.* Date *Oct 20, 1936*

19. UNDERTAKER *John C. Mitchell & Son* (Address) *1922 Eutaw Ave*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 17, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 5, 1936* to *Oct 17, 1936*

I last saw him alive on *Oct 17, 1936* Death is said to have occurred on the date stated above, at *11:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Addison's Disease

Date of onset

6 yrs ago

Other contributory causes of importance:

Pneumonia, Hypertension

1 day

Was an operation performed? *No* Date of _____

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

R. L. Lawrence
U.S. Marine Hospital M. D.

OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1936

M. D. B. 28176

F 28176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Han St St. 17-6 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Libla H. Taylor(a) Residence: No. 15 E. Han St St., 17-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Taylor6. DATE OF BIRTH (month, day, year) Sept 8, 18767. AGE Years 60 Months 1 Days 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0021

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Va
(State or country)13. NAME Robt Wright14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Clara Lewis16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT Miss E. Wright(Address) 751 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Laurel Am Date 10-19, 193619. UNDERTAKER J. James A. Henry(Address) 578 W. Middle St20. FILED 13 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, Autopsy, Inquiry) and from the evidence obtained by said _____ find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Chronic Tubercular Heart Disease?

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Ch W. Widen M. D.

Coroner

(Address) Laurel

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s s

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28177

CERTIFICATE OF DEATH

✓ 59 F 28177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 W. Fayette St. 12-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mon. 3 ds.

2. FULL NAME

(a) Residence: No. 3000 Barclay St., Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Frank H. Palun

6. DATE OF BIRTH (month, day, year) June 11, 1867

7. AGE Years 69 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME John Schell

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. John H. Palun (Address) 3000 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Oct 19 36

19. UNDERTAKER Wm. J. Richter (Address) North & Peaves

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 15 1936

I last saw her alive on Oct 15 1936. Death is said to have occurred on the date stated above, at 1155a

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Diabetes Mellitus

Other contributory causes of importance:

Congestive Heart Disease
Edema of Lungs

Was an operation performed? no Date of _____

For what disease or injury? none

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) C. R. Roetting M. D.

(Address) 2623 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

1936

F 28178 HEALTH DEPARTMENT—CITY OF BALTIMORE 28178

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Ivery McAfee (17828)

(a) Residence: No. 106 York Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced
HUSBAND of Loula-
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1900

7. AGE Years 36 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Car.
(State or country)

13. NAME Theodore (D)

14. BIRTHPLACE (city or town) N. Car.
(State or country)

15. MAIDEN NAME Ore ?? (D)

16. BIRTHPLACE (city or town) N. Car.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wt. Librarian Date Oct. 19, 1936

19. UNDERTAKER Robert E. Williams
(Address) 1515 E. Eddy St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 10, 1936 to October 15, 1936

I last saw him alive on October 15, 1936. Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Tuberculosis of Intestines

Date of onset
Feb. 1935
Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Leon H. Feldman

M. D.

(Address) Baltimore City Hospitals

OCT 19 1936

Attesting Physician, M.D.

F 28179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28179

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Southern Ave ST. 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME U Sney Baker(a) RESIDENCE NO. 4002 Southern Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds.How long in U. S., if foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnn C Baker6 DATE OF BIRTH (month, day, and year) Nov 8 - 1848

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.871116

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Maryland
Baltimore

10 NAME OF FATHER

John H Baker

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md
Baltimore

12 MAIDEN NAME OF MOTHER

Margaret Watts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md
Baltimore

14

Informant

(Address)

Mary Stewart
4002 Southern Ave

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 - 1936

17

I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1936, to Oct. 16, 1936,that I last saw him alive on Oct. 16, 1936and that death occurred, on the date stated above, at 10²⁰ A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Atherosclerosis
Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?4002 Southern AveDid an operation precede death? no Date of ✓Was there an autopsy? no

What test confirmed diagnosis?

Clinical

(Signed)

Walter A Anderson, M. D.

, 19

(Address)

300 Shannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St John's P. C. CemeteryOct 18 36

20 UNDERTAKER

ADDRESS

For J Stewart 156 2 Lygon Ave

important. See instructions on back of certificates.

M. F 28180

F 28180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Hanover St. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hoehn.

(a) Residence: No. 1129 Hanover St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |

6. DATE OF BIRTH (month, day, year) Feb 11/1869.

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 67 | 8 | 8 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME George Hoehn. Germy.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rosanna Smith. Germy.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Emma R. Alt. (Address) 1310 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Oct 19th 1936

19. UNDERTAKER B. Schloman & Son (Address) 1039 Hanover St

20. FILED 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 1, 36 to Oct. 15, 1936

I last saw her alive on Oct. 15, 1936 Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

Hypotensive cardio vascular disease

Date of onset

?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Harry Seibel M. D.

(Address) 1224-1226 Hanover St.

F 28181

F 28181

17365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 340-1248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Hattie Addison (or Williams)(a) Residence: No. 608 Burgundy St. St., 0070 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Harry Addison (or) WIFE of6. DATE OF BIRTH (month, day, year) 8-6-18997. AGE Years 37 Months 2 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chambermaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME Ned Williams14. BIRTHPLACE (city or town) N.C. (State or country)15. MAIDEN NAME Hattie Webb16. BIRTHPLACE (city or town) N.C. (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Calvary Date Oct 27 193619. UNDERTAKER James A. Hayes (Address) 172 W. 1st St.

T 19 1936

19 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 193622. I HEREBY CERTIFY, That I attended deceased from 9-23, 1936 to 10-16, 1936I last saw her alive on 10-16, 1936 Death is said to have occurred on the date stated above, at 11:45 am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)Date of onset 10-15-36

Other contributory causes of importance:

Fatty degeneration of Liver
(Cause Unknown)Date of onset 8-15-36Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John F. Rayner(Address) Baltimore City Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 28183

F 28183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Reservoir 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? 19 yrs. 1 mos. 13 ds.

2. FULL NAME

(a) Residence: No. 740 Reservoir St

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Henry B. Delgado
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr 1-18717. AGE 65 Years 4 Months 17 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.13. NAME William M. Neige14. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.15. MAIDEN NAME Esitha T. Neige16. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.17. INFORMANT Rosetta T. Collins
(Address) Beltville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Buried at home Date 10/2019. UNDERTAKER William Cook
(Address) 1017 S. ...20. REGISTRAR Huntington Williams
(Address) ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 193622. I HEREBY CERTIFY. That I attended deceased from Aug 28, 1935, to Oct 18, 1936.
I saw him alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at St. Louis, Mo.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

1931-

Other contributory causes of importance:

Arteriosclerosis1931-Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical examination Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned G. W. Collins M. D.(Address) 2224 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

T-19 1936

M. D. 38134

O. R. - Paul Muehlen, M. D.

F 28184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Woodbourne St., Ward 10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1103 Woodbourne St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Segerfeld

6. DATE OF BIRTH (month, day, year) Feb 1, 1880

7. AGE Years 56 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1003

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Bishop

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Emma Clausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Segerfeld (Address) 1103 Woodbourne St.

18. BURIAL, CREMATION, OR REMOVAL

Place 104 North Valley Date 10/20/36

19. UNDERTAKER William Cook (Address) 1217 32nd St

15 Huntington Millers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10.18.36, 19, to 10.18.36, 19

I last saw her alive on 10.18.36, 19. Death is said to have occurred on the date stated above, at 11:35 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Acute Cardiac failure 10/18/36

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of 20

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 5277 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

19 1936

17318

HEALTH DEPARTMENT—CITY OF BALTIMORE

28185

28185

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Phillip Bowman(a) Residence: No. 542 E. Clement St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Sarah (Deceased)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-24-18657. AGE Years 71 Months 9 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 008612. BIRTHPLACE (city or town) Md.
(State or country)13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

London Park Date 10-21-3619. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 193622. I HEREBY CERTIFY, That I attended deceased from 9-21, 1936 to 10-18, 1936I last saw him alive on 10-18, 1936 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
Diabetes mellitus 9 yrs

Other contributory causes of importance:

Diabetic gangrene of foot 2 mos.Was an operation performed? yes Date of 9-28-36For what disease or injury? gangrene of foot - amputation of leg & footWhat test confirmed diagnosis? physical Where an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. C. Hoover M. D.
(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

CT 19 1936

F 28186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28186

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Chesley Ave.)

St. 27 Ward 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emma S. Behrens

If U. S. Veteran specify WAR

(a) Residence: No. 4005 Chesley Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John H. Behrens (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2nd 1872

7. AGE Years 64 Months 1 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hattie J. Behrens (Address) 3005 Littleton Road.

18. BURIAL, CREMATION, OR REMOVAL Pl. St Pauls. Violatoville 10 - 19th 1936

19. UNDERTAKER Mrs Chas. A. G. Roloff (Address) 2327 Edmondson Ave

20. FILE 1919336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16th 1936 to Oct 17th 1936

I last saw him alive on Oct 16 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Decomposition of Hemorrhage Oct 16

Other contributory causes of importance: Hypertension, chronic nephritis

Was an operation performed? No Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis X-rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Benson M. D.

(Address) 1 W. Oriskany Ave

OCCUPATION is very important. See instructions on back of certificate.

F 28187 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28187

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hospital* St. *24-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *261 E. Hamburg* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Margaret Krapp*

6. DATE OF BIRTH (month, day, year) *Feb. 3. 1859*

7. AGE Years *77* Months *8* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Prunious Cy.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B. & O. R.R.*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0073*

12. BIRTHPLACE (city or town) (State or country) *Germany.*

13. NAME *Not known*

14. BIRTHPLACE (city or town) (State or country) *Germany.*

15. MAIDEN NAME *not known*

16. BIRTHPLACE (city or town) (State or country) *Germany.*

17. INFORMANT *Margaret Krapp (wife)* (Address) *261 E. Hamburg St*

18. BURIAL, CREMATION, OR REMOVAL *Holy Cross, U. S. Co.* Date *10-20-34*

19. UNDERTAKER *Bernard C. Harle* (Address) *121 E. Mead St*

20. FILLER *1036* *Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 17th 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at *230 A* m.

The principal cause of death and related causes of importance were as follows:

Chronic myeloid

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. Williams* M. D.

(Address) *1010 S. ...*

OCCUPATION is very important. See instructions on back of certificate.

F 28188

F 28188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Frankford ave. Ward 27-4)Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3704 Frankford ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widow6a. If married, widowed, or divorced HUSBAND of late Mr. John R. Shoemaker
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 18707. AGE 65 Years 10 Months 10 Days If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto (State or country) Md13. NAME Emmeline14. BIRTHPLACE (city or town) Emmeline (State or country)15. MAIDEN NAME Emmeline16. BIRTHPLACE (city or town) Emmeline (State or country)17. INFORMANT Miss Elsie Dorech (Address) 1608 E. 1st St.18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date Oct 19th 193619. UNDERTAKER Geo. Schilling & Sons (Address) 1124-1126 Lombard St

20. FILED _____ 19 _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 193622. I HEREBY CERTIFY, That I attended deceased from 10-13 1936 to 10-16 1936I last saw him alive on 10-16 1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

chronic
general metastatic
cancer

Date of onset

over

Other contributory causes of importance:

cerebral hemorrhage

10-12-36

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) 5401

M. D.

See instructions on back of certificate. OCCUPATION is very important.

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OCT 13 1936

28189

F 28189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 11 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Clifton SadowskiIf U. S. Veteran
specify WAR _____(a) Residence: No. 246 S. Bond

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct 21, 19357. AGE Years 11 Months _____ Days 27 If LESS than: 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME John Sadowski14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Dorothy Meyers16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mother
(Address) Same18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 1919. UNDERTAKER F. W. Wozniak
(Address) 1950 Calver Ave20. FILED St. 13-0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936 to Oct 18, 1936I last saw him alive on Oct 18, 1936 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Dysentery, bacillary (Flexner)
Bronchopneumonia

Date of onset

10-2-3610-2-3610-8-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Kroy's culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Francis H. Schwenter M. D.

(Address) _____

OCCUPATION is very important. See instructions on back of certificate.

V 3

OCT 19 1936

28190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28190

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret Brown

If U.S. Veteran

specify WAR

(a) Residence: No.

808 W. Monument

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

Widowed
(or) WIFE ofJames Brown

6. DATE OF BIRTH (month, day, year)

Dec. 1897

7. AGE

38

Years

Months

10

Days

If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10. Date deceased last worked at this occupation (month and year)

Oct. 10, 193611. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

13. NAME

Bob Pannell

14. BIRTHPLACE (city or town) (State or country)

Unknown-Va.

MOTHER

15. MAIDEN NAME

Lucy Jones

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT (Address)

James Brown
808 W. Monument

18. BURIAL, CREMATION, OR REMOVAL

Mount Calvary Oct 10, 1936

19. UNDERTAKER (Address)

Adolphus
808 W. Monument

20. FILED

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 11, 1936, 1936 to Oct 16, 1936, 1936I last saw her alive on Oct. 16, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Postoperative Shock
Uterine Fibroids

Date of onset

10-16-368

Other contributory causes of importance:

Marked anemia

Was an operation performed?

Yes Date of Oct. 16, 1936

For what disease or injury?

Uterine fibroids

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. G. Therspinger M. D.(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 13 1936

F 28191

F 28191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1163 Whatecoat St. 16-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.If U. S. Veteran
specify WAR _____2. FULL NAME Ella Brown(a) Residence: No. 1163 Whatecoat St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced, (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Widowed6. DATE OF BIRTH (month, day, year) Aug. 14, 18937. AGE Years 43 Months 2 Days 2 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Albert Brown14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Virginia Gray16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Augustus Brown (son)
(Address) 1163 Whatecoat St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10-19, 193619. UNDERTAKER Charles G. Cooper
(Address) 674 N. Calhoun St.20. FILED At City of Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Oct 16, 1936I last saw him alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus about

Date of onset

Apr. 1, 36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Cl. Spec. Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) W. J. Woolley M. D.(Address) 703 W. Lafayette Ave
Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 28192

F 28192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME Norman Tillery(a) Residence: No. 786 Linnard St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HUSBAND of Marie Tillery (or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 8th 18827. AGE Years 54 Months 04 Days 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) Baltimore (State or country) Ma.13. NAME Martin Tillery14. BIRTHPLACE (city or town) Baltimore (State or country) Ma.15. MAIDEN NAME Josephine Boyce16. BIRTHPLACE (city or town) Baltimore (State or country) Ma.17. INFORMANT Josephine Tillery (Address) 786 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 10/19/3619. UNDERTAKER William Goff (Address) 1617 St. Paul St.20. FILED 1936 10/19/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16th, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Oct. 13th, 1936

Date of onset

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Mrs. H. Phillips Coroner

M. D.

(Address) 1930 Edmondson Ave.

28193

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28193

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 27-3 St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Jacob Starry(a) Residence: No. 4908 Harford St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Mrs. Elizabeth Starry
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 9, 18747. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 6 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.O. R.R. 4073

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Jacob Starry14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Catherine Heidich16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Elizabeth C. Starry(Address) 4908 Harford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Park Wood Date 10/20 193619. UNDERTAKER Frederick C. Cole(Address) 1200 W. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1936 1936 to 10/16/36 1936I last saw him alive on 10/16/36 1936. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Hypertrophy of heart
arteriaWas an operation performed? yes Date of 9/25/36For what disease or injury? Hypertrophy of heartWhat test confirmed diagnosis? operation Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) M. D.(Address) 1200 W. 1st St.

OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1936

19

28194 HEALTH DEPARTMENT—CITY OF BALTIMORE 28194

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Edmondson Ave. S. 16-5 Ward)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Martha W. Lucas

(a) Residence: No. 2542 Edmondson Ave. St., 16-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec. 24, 1839

7. AGE Years 96 Months 10 Days 23 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Stonehouse Cove
(State or country) A. A. Co., Maryland

13. NAME James Madison Lucas

14. BIRTHPLACE (city or town) Howard County
(State or country) Md.

15. MAIDEN NAME Hester Bourke

16. BIRTHPLACE (city or town) Md.
(State or country) _____

17. INFORMANT Mrs. Lauretta Berardozzi
(Address) 2542 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Oct. 19, 1936

19. UNDERTAKER John S. Mitchell & Son, Inc.
(Address) 1900 Eutaw Place

20. FILED 11-13-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936 to Oct 17, 1936

I last saw her alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Senile degeneration

Other contributory causes of importance:

none apparent

Was an operation performed? X

Date of X

For what disease or injury? Senile

What test confirmed diagnosis? clinical Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B. P. French M.D.

(Address) 2329 Truman Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 28195 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28195

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 W. Lanvale St. St. 16-5 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Packham

(a) Residence: No. 2321 W. Lanvale St., 16-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11, 1864

7. AGE Years 72 Months -- Days 76 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Supplies
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Eldridge Packham, Sr.

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Jane King

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Harry Packham (Address) 2321 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem'ty. Date Oct. 20, 1936

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Rutaw Place

20. FILED 1936 Amington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Oct 17, 1936

last saw him alive on Oct 17, 1936 Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pylorus end of stomach & metastasis

Date of onset

?

Other contributory causes of importance:

Secondary anaemia

Jan 1935

Was an operation performed? no Date of ✓

For what disease or injury?

clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) B. P. French M.D. M. D.

(Address) 2329 Arundel Ave.

23196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28196

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 6-5 Ward)Registered No. 117-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Enoch M. Cain(a) Residence: No. 203 N. Broadway St., 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Annette Costner
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-27-887. AGE 48 Years 87 Months 20 Days If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town). W. Va
(State or country)13. NAME Enoch Cain14. BIRTHPLACE (city or town). W Va
(State or country)15. MAIDEN NAME Minerva Ferrell16. BIRTHPLACE (city or town). W Va
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Bur. Date Oct. 20, 193619. UNDERTAKER John Oriskany Thomas
(Address) 1900 Easton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Oct 17, 1936I last saw him alive on Oct 17, 1936. Death is said to have occurred on the date stated above, at 540 A. M.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer - haemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of -For what disease or injury? -What test confirmed diagnosis? - Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 19 -Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas P. Sharrett M. D.(Address) Johns Hopkins Hospital

CT 13 1936 REGISTRAR

OCCUPATION is very important. See instructions on back of certificate.

F 28197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28197

CERTIFICATE OF DEATH

✓ 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Harlem St. Ward 16-6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 da.

2. FULL NAME

Sarah C. BuchnerIf U. S. Veteran
specify WAR(a) Residence: No. 2704 Harlem St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color White 5. Single, Married, Widowed or Divorced Married (write the word)

6a. If married, widowed or divorced

HUSBAND Charles H. Buchner

(or) WIFE of

c. DATE OF BIRTH (month, day, year) July 18-1868

7. AGE

68 YearsMonths 3Days 29If LESS than
1 day, 00 hrs.
or 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ind Pa
(State or country)13. NAME Ephraim Rock14. BIRTHPLACE (city or town) Pa
(State or country)15. MAIDEN NAME Caffrey16. BIRTHPLACE (city or town) Pa
(State or country)17. INFORMANT Charles H. Buchner(Address) 2704 Harlem St.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date Oct 20 193619. UNDERTAKER A. S. Marshall(Address) 3539 Falls Rd.

FILED

OCT 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936 to Oct. 17, 1936I last saw her alive on Oct. 17, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho PneumoniaDate of onset
10-14-36

Other contributory causes of importance:

Hypertension
auricular fibrillationWas an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Thomas B. Schreiber

M. D.

(Address) 1414 E. Lombard St.

F 28198

F 28198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *721* *Corsuch Ave* *9-5* *St.* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. *4* mos. *7* ds. How long in U. S. If of foreign birth? *44* yrs. *4* mos. *7* ds.

2. FULL NAME

(a) Residence: No. *721* *Corsuch Ave* *St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Belle George* (or) WIFE of *Belle George*

6. DATE OF BIRTH (month, day, year) *Apr 127-874*

7. AGE

Years *62*Months *5*Days *70*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dentist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0055*12. BIRTHPLACE (city or town) (State or country) *England*

FATHER

13. NAME *William George*14. BIRTHPLACE (city or town) (State or country) *England*

MOTHER

15. MAIDEN NAME *Kavonia Croome*16. BIRTHPLACE (city or town) (State or country) *England*17. INFORMANT *Mrs. Belle George*(Address) *721 Corsuch Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *John Church* Date *Oct 19 1936*19. UNDERTAKER *T. J. W. W. W.*(Address) *W. W. W. W.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 17, 1936*

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Chronic Valvular heart disease*Date of onset *1935*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? *Autopsy*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If no, specify _____(Signed) *W. W. W. W.*

Coroner

(Address) *W. W. W. W.*

28199

HEALTH DEPARTMENT—CITY OF BALTIMORE 28199

CERTIFICATE OF DEATH 93C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Wilkens Ave 33 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2017 Wilkens Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Abraham

6. DATE OF BIRTH (month, day, year) Sept 12 / 1870

7. AGE 66 Years 1 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as plumber, Sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mary Butler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ella Z

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Seltzer

(Address) 1436 Georgia Ave S.E.

18. BURIAL, CREMATION, OR REMOVAL

Place Henry Ray Date Oct 14 1936

19. UNDERTAKER

(Address) 1227 E. Baltimore St.

OCT 19 1936 OCT 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Oct 18, 1936

I last saw him alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Bacterial Meningitis
Ch. Myelodysplasia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) J. H. Horvath M. D.

(Address) 722 Broadway St.

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

28200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28200

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Orleans St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1707 Orleans St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Freeman

6. DATE OF BIRTH (month, day, year)

7. AGE Years 56 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE 28201

28201

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 E 21st Street St. 9-8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME Gertrude Hunter

(a) Residence: No. 731 E 21st Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pleasant Hunter

6. DATE OF BIRTH (month, day, year) November 9, 1874

7. AGE: 61 Years 11 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Thomas Gross

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Jeanette Wetmore

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Helen Forsythe (Address) 731 E 31st Street

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Oct 19, 1936

19. UNDERTAKER E. Le Roy Stiffler, INC (Address) 125 E NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 20 to Oct. 17, 1936

I last saw her alive on Oct 17, 1936 Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 20th Oct 1936

Other contributory causes of importance:

Gout

Was an operation performed? No

For what disease or injury?

What test confirmed diagnosis? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Walter C. Bacon M. D.

(Address) 100 E 20th St

OCT 19 1936

Registrar

M. D. F 28202

F 28202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Sarah Ave St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 916 Sarah Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Neal

6. DATE OF BIRTH (month, day, year)

7. AGE 42 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10-14-1936

19. UNDERTAKER

(Address)

20. FILED

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 14 1936 to Oct 15 1936

I last saw him alive on Oct 15 1936 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery

Date of onset

Oct 10

Other contributory causes of importance:

Pulmonary Artery

Camp

Name of operation

No

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

V. L. Horwood 939 N. Fayette

M. D.

F

28203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 7-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *11* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

*Julia Cheek*If U. S. Veteran
specify WAR(a) Residence: No. *1523 Ashland Ave.* St., *7-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of *James Cheek*6. DATE OF BIRTH (month, day, year) *October 26, 1889*7. AGE *46* Years *47* Months *11* Days *20* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Henderson*
(State or country) *N. C.*13. NAME *David Young*14. BIRTHPLACE (city or town) *N. C.*
(State or country)15. MAIDEN NAME *Hennetta Thact*16. BIRTHPLACE (city or town) *N. C.*
(State or country)17. INFORMANT *James Cheek*
(Address) *1129 N. Caroline St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. M. L. Burial* Date *Oct 19, 1936*19. UNDERTAKEN *Mrs. W. M. L. Burial*
(Address) *1129 N. Caroline St.*20. FILED *1129 N. Caroline St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/16/1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

*Cerebral Apoplexy*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chunt* Date of *10/16*What test confirmed diagnosis? *Chunt* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* Coroner(Address) *1919 E. Pratt St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28204 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28204

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-2 Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Kennedy

(a) Residence: No. 1029 N. Gilmore St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Charles (Deceased) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-7-1888 ?/888

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 68 ? 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME Andrew Moore

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Betty Jackson

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Anthony Date 10-19-1936

19. UNDERTAKER George Hussbaum (Address) 133 E. Conway Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-36

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1936, to 10-5, 1936

I last saw her alive on 10-5, 1936. Death is said to have occurred on the date stated above, at 8⁴⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 10-14-36

Other contributory causes of importance:

Cellulitis of Hand (Organism unknown)

Date of onset 10-5-36

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) John J. Tamey

(Address) Baltimore City Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

OCT 19 1936

F 28205

F 28205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 119 Welcome Alley St. 22-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. - - - mos. - - - ds. How long in U. S. If of foreign birth? - - - yrs. - - - mos. - - - ds.

2. FULL NAME John Holland. (c)

If U. S. Veteran

specify WAR.

(a) Residence: No. 119 Welcome Alley St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~

Mary Holland (c)

6. DATE OF BIRTH (month, day, year) January 15, 1864

7. AGE Years 72 Months 8 Days 29 If LESS than 1 day, - - - hrs. or - - - min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Mary Holland. (c) wife. (Address) 119 Welcome Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/19/36 19

19. UNDERTAKER ~~XXXXXX~~ (Address) ~~XXXXXX~~

20. FILED 1336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonie

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Otto H. Reinhardt

M. D.

1017 S. Charles St. Coroner

10/17/36

28206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28206

1. PLACE OF DEATH

St Joseph's Hospital

CITY OF BALTIMORE: (No.

Caroline Street

St.

10-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Mary Patterson

(a) Residence: No.

841 E. Eager St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Nov. 16, 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

69 yrs

11

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Maid at 5070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

St. John's Rectory

10. Date deceased last worked at this occupation (month and year)

9/36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

James Patterson

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Mary Jefferson

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Dr. E. E. Patterson

503 E. 20 St.

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Cemetery

Date Oct 21, 1936

19. UNDERTAKER

(Address)

Elmer Conklin

841 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 12, 1936, to Oct 18, 1936.

I last saw him alive on 1936. Death is said

to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

1. Bronchopneumonia

2. Cerebral hemorrhage

Date of onset

10-11-36

10-11-36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Francis J. Coleman M.D.

(Address)

St. Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

OCT 19 1936

F 28207 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28207

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 O'Donnell St., 36-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3203 O'Donnell St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hess

6. DATE OF BIRTH (month, day, year) 3-31-1870

7. AGE Years 66 Months 6 Days 17 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Strickfus

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Hess (Husband) (Address) 3203 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct. 20 1936

19. UNDERTAKER Lily & Josephine (Address) 703 O'Donnell St.

20. FILER 1036

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY. That I attended deceased from March 26, 1936 to Oct 17, 1936

I last saw him alive on Oct 17, 1936. Death is said to have occurred on the date stated above, at 2:00 A. M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Cardio-vascular renal disease

Other contributory causes of importance:

Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene Heller M. D.

(Address) 2139 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

F 28208

F 28208

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 E. Eager St. 10-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAMEBarbarra Margaret Bauer.....

**If U.S. Veteran
specify WAR**

(a) Residence: No. 1205 E. Bager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX female | 4. Color or Race White | 5. Single Married, Widowed, or Divorced (circle the word) divorced |
|------------------|---------------------------|---|

5a. If married, ~~where~~ ^{married}
~~Husband~~ ^{Wife of} Conrad Bauer
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan.-25-1866

| | | | | |
|--------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
| 70 | | 9 8 | 7 23 | |

8. Trade, profession, or particular kind of work done, as spinner, Housework
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town) _____ Germany
(State or country)

13. NAME John Fiedler

14. BIRTHPLACE (city or town) _____ Germany
(State or country)

| | |
|-----------------|------------|
| 13. MAIDEN NAME | Anna Fuchs |
|-----------------|------------|

16. BIRTHPLACE (city or town)
(State or country)

| | |
|---------------|---------------------|
| 17. INFORMANT | Mrs. Anna Unkelback |
| (Address) | 1234 E. Chase St. |

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Oct 21, 1941

19. UNDERTAKER
(Address) *137 E 8th St*

2. FILED

49 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18-1936

22. I HEREBY CERTIFY, That I attended deceased from
Mar 12, 1906, to Oct 18, 1906.

I last saw Lee alive on Oct 17, 1936 Death is said
to have occurred on the date stated above, at 2 A. 10 m.

The principal cause of death and related causes of importance were as follows:

importance was as follows:

| | |
|-----------------|------|
| Ch. Hecardii | 1935 |
| Bonella puerina | 1936 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

| | |
|--------------------------------|-----------------------|
| What test confirmed diagnosis? | Was there an autopsy? |
|--------------------------------|-----------------------|

23. If death was due to external causes (violence) fill in also the following: Date of injury
 Accidental, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

| Date | Place | Cause | Manner of injury | Result |
|------|----------|-------|------------------|--------|
| 1911 | New York | Fire | Burns | Death |
| 1912 | New York | Fire | Burns | Death |
| 1913 | New York | Fire | Burns | Death |
| 1914 | New York | Fire | Burns | Death |
| 1915 | New York | Fire | Burns | Death |
| 1916 | New York | Fire | Burns | Death |
| 1917 | New York | Fire | Burns | Death |
| 1918 | New York | Fire | Burns | Death |
| 1919 | New York | Fire | Burns | Death |
| 1920 | New York | Fire | Burns | Death |
| 1921 | New York | Fire | Burns | Death |
| 1922 | New York | Fire | Burns | Death |
| 1923 | New York | Fire | Burns | Death |
| 1924 | New York | Fire | Burns | Death |
| 1925 | New York | Fire | Burns | Death |
| 1926 | New York | Fire | Burns | Death |
| 1927 | New York | Fire | Burns | Death |
| 1928 | New York | Fire | Burns | Death |
| 1929 | New York | Fire | Burns | Death |
| 1930 | New York | Fire | Burns | Death |
| 1931 | New York | Fire | Burns | Death |
| 1932 | New York | Fire | Burns | Death |
| 1933 | New York | Fire | Burns | Death |
| 1934 | New York | Fire | Burns | Death |
| 1935 | New York | Fire | Burns | Death |
| 1936 | New York | Fire | Burns | Death |
| 1937 | New York | Fire | Burns | Death |
| 1938 | New York | Fire | | |

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) Abraham Lincoln M. D.

(Address) 850 5th Ave

28209

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28209

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Montford ave - 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1709 N. Montford ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Anthony Miles</u> (or) WIFE of | | |
| c. DATE OF BIRTH (month, day, year) <u>Feb. 11, 1874</u> | | |
| 7. AGE | Years <u>62</u> | Months <u>8</u> |
| | Days <u>6</u> | If LESS than 1 day, ... hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

FATHER MOTHER

13. NAME

Henry Gesser
Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Catherine Gesser

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Anthony Miles
1709 N. Montford ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Date Oct 20 1936

19. UNDERTAKER

(Address)

Margaret H. Flynn
1422 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10 17 36

22. I HEREBY CERTIFY, That I attended deceased from

10-15-36 to 10-17-36
last saw him alive on 10-17-36 at 6 p.m.
to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Coronary Disease
Cardiac Disturbance

Other contributory causes of importance:

Acute Cardiac DilatationWas an operation performed? NO Date of

For what disease or injury?

Name of operation.

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Flynn M. D.
(Address) 1709 N. Montford Ave

CT 13 1936

✓ F 28210

F 28210 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. Hamburg St. 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Owens

(a) Residence: No. 205 W. Hamburg St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 17, 1936

7. AGE Years Months Days If LESS than 1 day, 12 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 205 W. Hamburg St. (State or country) Baltimore Md.

13. NAME Ollie Owens

14. BIRTHPLACE (city or town) Ella Villa (State or country) Georgia

15. MAIDEN NAME Leo Wille James

16. BIRTHPLACE (city or town) Americus (State or country) Georgia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Per H. A. Moore

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 17, 1936, to October 18, 1936.

I last saw her alive on October 17, 1936. Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage Hemorrhage of Newborn

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Hugh B. Mcnelly M. D.

(Address) Underway

State CAUSE OF DEATH in plain terms, so that it can be understood by all. See instructions on back of certificate. OCCUPATION is very important.

OCT 19 1936

H. A. Moore, Registrar.

28211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28211

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hypt. St. 4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *55 Hanover Rd.* St., *Reisterstown, Md.* Ward *Reisterstown, Md.*

(Usual place of abode)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *John G. Widom* (or) WIFE of *John G. Widom*6. DATE OF BIRTH (month, day, year) *Feb. 23, 1860*7. AGE Years *76* Months *7* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. *H. W.* 9. Industry or business in which work was done, a silk mill, saw mill, bank, etc. *0037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *William Tellman*14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)15. MAIDEN NAME *Martha McElm*16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)17. INFORMANT *Miss Daisy Paul* (Address) *55 Hanover Rd. - Reisterstown*

18. BURIAL, CREMATION, OR REMOVAL

Place *Plum Grove* Date *Oct 21, 1936*19. UNDERTAKER *J. F. Elmer* (Address) *Reisterstown, Md.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 18, 1936* to *Oct 19, 1936*I last saw him alive on *Oct 19, 1936* Death is said to have occurred on the date stated above, at *7:25 A.M.*

The principal cause of death and related causes of importance were as follows:

Cholelithiasis
Acute hemorrhagic pancreatitis
*Chemical peritonitis*Other contributory causes of importance: *Arteriosclerotic CVD*Was an operation performed? *Yes* Date of *Oct 18, 1936*For what disease or injury? *Peritonitis*What test confirmed diagnosis? *Operative* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*(Signed) *W. Savage* M. D.(Address) *Trad. Arts Bldg.*

19 1936

F 28212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 137 F 28212

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St. 4-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Besser

If U.S. Veteran specify WAR

(a) Residence: No.

Prospect St., York, Pa. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sarah Besser

6. DATE OF BIRTH (month, day, year) March 20, 1866

7. AGE 71 Years 6 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

William Besser

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Martha Berthel

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place York Penna. Date Oct 19, 1936

19. UNDERTAKER

(Address)

William J. Tickner & Sons
North Penna. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1936 to Oct. 19, 1936

I last saw him alive on Oct. 19, 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Uremia

Date of onset

Other contributory causes of importance:

Was an operation performed?

Yes

Date of 10-14-36

For what disease or injury?

Septic Prostate
(Benign)
necrosis

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. H. C.utter
Mercy Hospital

M. D.

(Address)

OCT 19 1936

Red Seal

28213 HEALTH DEPARTMENT—CITY OF BALTIMORE 28213

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel J. D. Wilson Jr.

If U.S. Veteran specify WAR

(a) Residence: No. 4508 Falls Road St. Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of M. Alphonza Wilson

6. DATE OF BIRTH (month, day, year) Jan 27 1853

7. AGE Years 83 Months 8 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1906 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Co. (State or country) Maryland

13. NAME Samuel J. D. Wilson Sr.

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Elizabeth Evans

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. John F. Wilson (Address) 3601 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Oct. 21, 1936

19. UNDERTAKER William J. Tucker & Sons (Address) North & Penna. Aves

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1936, to 10-18, 1936

I last saw him alive on 10/18, 1936. Death is said to have occurred on the date stated above, at 1:34 p.m.

The principal cause of death and related causes of importance were as follows: Left lower lobar pneumonia Date of onset 10/1/36

Other contributory causes of importance: Diabetes Mellitus Arterio sclerosis 1932

Was an operation performed? no Date of: For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Karl F. Wechs M. D. (Address) St. Agnes Hospital

28214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28214

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-2 St. 16-2 Ward)Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 21 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds. If U. S. Veteran specify WAR 02. FULL NAME Bernice Shaw(a) Residence: No. 1136 Woodson St., 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 06. DATE OF BIRTH (month, day, year) January 7, 19357. AGE Years 1 Months 9 Days 10 If LESS than 1 day, hrs. 0 or min. 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00009. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000010. Date deceased last worked at this occupation (month and year) 000011. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Leo Shaw14. BIRTHPLACE (city or town) Baltimore Md (State or country)

MOTHER

15. MAIDEN NAME Lucy Jaylor16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT Mother(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place J. S. Med. School Date Oct. 19, 193619. UNDERTAKER Commissioner of Health(Address) For R. A. Moore20. FILED 19 1936Registrar 2066MEDICAL CERTIFICATE OF DEATH 021. DATE OF DEATH (month, day, year) Oct 17, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Oct 17, 1936I last saw him alive on Oct 17, 1936 Death is said to have occurred on the date stated above, at 1:52 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Bronchopneumonia

Date of onset

10-7-3610-11-36

Other contributory causes of importance:

Was an operation performed? No Date of 0

For what disease or injury?

Name of operation 0Date of 0What test confirmed diagnosis? X-ray Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? NoIf no, specify 0(Signed) Dr. J. S. Med. School M. D.(Address) 0

✓ F 28215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-2 Ward)

Length of residence in city or town where death occurred yrs. 21 mon. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1136 Woodward St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7, 1935
7. AGE Years 1 Months 9 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Ma.

FATHER 13. NAME Lee Shaw
14. BIRTHPLACE (city or town) Baltimore (State or country) Ma.

MOTHER 15. MAIDEN NAME Lucy Taylor
16. BIRTHPLACE (city or town) Baltimore (State or country) Ma.

17. INFORMANT Mother (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place H. Mes. School Date Oct. 19, 1936

19. UNDERTAKER (Address) Commissioner of Health

20. 19-1936 Stanton Williams 2007 N. 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1936 to Oct 18, 1936

I last saw her alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 5:12 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation X-Ray Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Francis X. Schweitzer M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

28216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28216

CERTIFICATE OF DEATH

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 8 St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mooney, Joseph S.

If U.S. Veteran
specify WAR

W.W.

(a) Residence: No.

1601 N. Gay St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX MALE | 4. Color or Race WHITE | 5. Single, Married, Widowed, or Divorced (write the word) SEPARATED |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ames Baxter

6. DATE OF BIRTH (month, day, year) April 4, 1887

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 49 | 6 | 12 | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Watchman 00629. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Bugle Coat & Apron Co.10. Date deceased last worked at
this occupation (month and
year) 8-5-3611. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland

13. NAME John J. Mooney

14. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland

15. MAIDEN NAME Margaret L. Lynch

16. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland17. INFORMANT
(Address) Records, U.S. Marine Hospital
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 10/21 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins etc.

20. FILED

19 1936

Attest: William W. Williams, M.D.
BPP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from
October 14, 1936 to October 16, 1936I last saw him alive on October 16, 1936 Death is said
to have occurred on the date stated above, at 12:50 A.M.The principal cause of death and related causes of
importance were as follows:

Myocarditis, chronic

Bronchopneumonia, terminal

Arteriosclerosis, general

Other contributory causes of importance:

Cardiac disease, arrhythmia,

auricular fibrillation

Date of onset

1915

Unknown

Dec. 1935

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T.M.H. a drum

M.D.

(Address) U.S. Marine Hospital, Balto., Md.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 28217

✓ F 28217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 1-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jakub Malinowski

If U. S. Veteran

specify WAR

(a) Residence: No. *221 S. Chester St.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Antonia Malinowski</i> (or WIFE of) | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 16, 1895</i> | | |
| 7. AGE | Years <i>41</i> | Months <i>5</i> |
| | Days <i>10</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labourer</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <i>Poland</i> |
| | 13. NAME <i>Jakub Malinowski</i> |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) <i>Poland</i> |
| | 15. MAIDEN NAME <i>Wieliczka</i> |
| | 16. BIRTHPLACE (city or town) (State or country) <i>Wieliczka</i> |
| | 17. INFORMANT <i>Antonia Malinowski</i> (Address) <i>221 S. Chester St.</i> |
| | 18. BURIAL, CREMATION, OR REMOVAL Place <i>Holy Rosary</i> Date <i>Oct 20, 1936</i> |

| |
|---|
| 19. UNDERTAKER (Address) <i>John M. Weber</i> <i>401 S. Chester St.</i> |
|---|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/17/1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Exhumation* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *Exhumation* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of cervical vertebrae

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *Yes* Date of *10/12/36*For what disease or injury? *Fracture of vertebrae*Name of operation *Laminectomy* Date ofWhat test confirmed diagnosis *Blunt* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of Injury *10/17, 1936*Where did injury occur? *221 S. Chester St. Balt. Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home (front of)*Manner of Injury *Fell off of ladder*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* M. D.(Address) *1919 E. North Ave.*

1936

St. Martin's Hospital, Balt.

OCCUPATION is very important. See instructions on back of certificate.

28218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH S/S Robin Gray.

CITY OF BALTIMORE: (No. Bethlehem Ship Buildings Co. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edwin Kolski.

If U. S. Veteran specify WAR

(a) Residence: No.

Chicago, Ill.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1909

7. AGE Years 26 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman on 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Robin Gray. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D. (Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's St. of Ch. Can

Date Oct. 20, 1936

Henry Sander & Sons Inc.

19. UNDERTAKER

19-1938

Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Crushed about the chest.
Probable fracture of the skull
Struck by falling beam.
Accidental Death.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? H

23. If death was due to external causes (violence) fill in also the following: accident 10/13/36

Accident, suicide, or homicide Date of injury Bethlehem Ship Bldg Co.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Struck by falling beam.

Nature of injury Crushed about the chest.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt

Coroner

M. D.

10/19/36 Address 1017 S. Charles St.

F 28220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28220

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME J. Edward Bratt(a) Residence: No. Mount Royal Hotel St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Cora Bratt
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 9th 18797. AGE Years 57 Months 0 Days 10 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Virginia
(State or country)13. NAME J. E. Bratt Sr.
14. BIRTHPLACE (city or town) Penn.
(State or country)15. MAIDEN NAME Helen S. Doll
16. BIRTHPLACE (city or town) Frederick
(State or country) Md.17. INFORMANT M. M. Buchanan
(Address) 2014 Walling Ave18. BURIAL, CREMATION, OR REMOVAL
Place Ypsilanti Date 10/19/3619. UNDERTAKER John D. Miller
(Address) 2435 E. Ohio St

T 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10th 193622. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry therein and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above, 5 A.M.The principal cause of death and related causes of importance were as follows:
Pleural Effusion One Week
Date of onset

Other contributory causes of importance:

Myocarditis, (Chronic)Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Thos H. Phillips Coroner(Address) 1039 Edmondson Ave.

M. D.

28221

HEALTH DEPARTMENT—CITY OF BALTIMORE

28221

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10 Ward 930)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 624 St. Anthony St., 10 Ward. 930
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|--|
| 3. SEX <u>male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Bonner</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Feb. 1901</u> | | |
| 7. AGE <u>35</u> | Years <u>8</u> | Months <u>00</u> |
| Days <u>04</u> | | If LESS than 1 day, hrs. or min. |

| | |
|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundry attendant</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hotel Bennett</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>0041</u> |
| 11. Total time (years) spent in this occupation <u>0041</u> | |

12. BIRTHPLACE (city or town) Washington
(State or country) North Carolina13. NAME Willie Grady
14. BIRTHPLACE (city or town) Washington
(State or country) North Carolina15. MAIDEN NAME Adeline Hardy
16. BIRTHPLACE (city or town) Washington
(State or country) North Carolina17. INFORMANT John Bonner
(Address) 725 N. Frederick Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Washington N.C. Date Oct 22nd 193619. UNDERTAKER Oliver W. W. W.
(Address) 1111 N. Broadway Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sub acute myocarditisMay 71936

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. W. M. D.(Address) 1010 S. Howard Ave.

OCCUPATION is very important. See instructions on back of certificate.

v s e

OCT 20 1936

F 28222

F 28222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142 B-103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Flora L. Baugher

(a) Residence: No.

1219 Beechwood Rd., Sparrows Point, Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

6a. If married, widowed, or divorced
HUSBAND of David N. Baugher
WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 29, 1902

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 34 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlottesville, Va.

13. NAME Andrew Estes

14. BIRTHPLACE (city or town) Va.

15. MAIDEN NAME Lucy Walton

16. BIRTHPLACE (city or town) Va.

17. INFORMANT David N. Baugher
(Address) 1219 Beechwood Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Charlotteville Va Date Oct 20, 193619. UNDERTAKER
(Address) John F. Denney
715 Light St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 17, 1936, to same day, 1936.

I last saw her alive on Oct 19, 1936. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

RUPTURED ECTOPIC PREGNANCY, LEFT.

Date of onset

Other contributory causes of importance:

INTERNAL ABDOMINAL HEMORRHAGE

Name of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

J. L. Ackerman, M.D.
Church Home & Infirmary

OCT 20 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE F 28223

28223

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Broadway St. Ward 6-5)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Ralman Soddan

(a) Residence: No. 204 N Broadway St., 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 820

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Ida (or WIFE of Ida)

6. DATE OF BIRTH (month, day, year) 1865

7. AGE 71 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia (State or country)

13. NAME Jacob Soddan

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Goldie Soddan (Address) 204 N Broadway

18. BURIAL, CREMATION, OR REMOVAL Hebrew Burial Date Oct 20 1936

19. UNDERTAKER Sol Lewinson Bro (Address) 1127 E Baltimore St

20. FILED Oct 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1936

22. I HEREBY CERTIFY, That I attended deceased from October 14 1936 to Oct 19 1936

I last saw him alive on Oct 19 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage
(apoplexy)

Date of onset Oct 14 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? peral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Pushkin M. D.
(Address) Medical Arts Bldg.

28224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28224

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Egerton Road St. 15-11 Ward)

Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MRS. MARY HEIL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

(a) Residence: No. 3315 Egerton Road St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of J.W. Charles Heil (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24.1868

7. AGE Years 38 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Sturmfielz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Lesser

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. J.W. Charles Heil (Husband)

(Address) 3315 Egerton Rd.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Oct. 20.1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17.1936

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Oct 17 1936

I last saw him alive on Oct 16 1936 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows

Chronic nephritis
Acute nephritis
Initial regurgitation

Date of onset 1930

Other contributory causes of importance:

Suburinary Aedema Oct 13 1936

Was an operation performed? Prostate gland removed Oct 15 1936

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chest X-ray as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

OCT 20 1936

28225

M. D. B 1263-9

F 28225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2867 Phila. Ave St. 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2867 Phila. Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Lowe6. DATE OF BIRTH (month, day, year) July 12-18847. AGE Years 52 Months 3 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 0037
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto.13. NAME Schmidt14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. F. Lowe (Address) 2867 Phila. Ave18. BURIAL, CREMATION, OR REMOVAL Place Schurman's Date Oct 20 193619. UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Exhumation thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Exhumation find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul M. Menden(Address) 1919 E. North Ave

Coroner

M. D.

Registrar

28226

F 28226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11067 Gilman St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 11067 Gilman St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 29 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Woods

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Gladys Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gladys Woods (Address) 11067 Gilman

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Airy Date 10/20 1936

19. UNDERTAKER R.C. Richardson & Son (Address) 1120 Druid Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

Coroner

M. D.

(Address)

Registrar

20 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N Ealem St., 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 1 mos. 3 ds.

2. FULL NAME

(a) Residence: No. 209 N Ealem St., 5-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jackson6. DATE OF BIRTH (month, day, year) Nov - 18967. AGE Years 39 Months 11 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orange Co Va (State or country)13. NAME Eli Williams14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Mattie ?16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT Mary Williams (Address) 9 N Spring St18. BURIAL, CREMATION, OR REMOVAL Place Wt Carey cemo Date 10-20-193619. UNDERTAKER Burntman & Wright (Address) 1218 Mc & 1218 Wright

20. 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Oct 18 1936

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis Verby Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —Signed W. J. Allen M. D.(Address) 507 Ansquith St

Coroner

F 23228

F 28228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-8 Ward 119)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Marie Brown(a) Residence: No. 3710 Mt. Pleasant Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19-19367. AGE Years Months Days If LESS than 1 day, hrs. or min. 7 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Henry Brown14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Regina Brown16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Regina Brown(Address) 3710 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct 21, 193619. UNDERTAKER Martin W. E. Dippel(Address) 3710 Mt. Pleasant Ave.20. FILED Oct 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sub acute enterocolitis

Other contributory causes of importance:

chronic pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright(Address) 1018 S. E. 1st Ave.

Coroner

M. D.

F 28229

F 28229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Little Sisters of the Poor.

CITY OF BALTIMORE: (No.)

St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Bernard Heibirk

(a) Residence: No. 1200 Valley St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 22, 1872

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

5

27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tel. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland

(State or country)

FATHER

13. NAME

Silas Heibirk

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Waltrass

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Sister Pauline Ann Superior

(Address)

1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date Oct 20, 1936

19. UNDERTAKER

(Address)

Rita Woodfield

914 Greenmount Ave

20. FILED

23 1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933 to Oct 19, 1936

I last saw him alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Phys Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. McCarroll M. P.

(Address) 1114 Huntington

OCCUPATION is very important. See instructions on back of certificate.

VS 3

28230

F 28230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Little Sisters of the Poor*
CITY OF BALTIMORE: (No. *10* St., *10* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *George Ferris*

(a) Residence: No. *1200 Valley St* St., *10* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced
HUSBAND of *Mary Warrick*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *21 May 1861*

7. AGE Years *75* Months *4* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0040*

12. BIRTHPLACE (city or town) *England*
(State or country)

12. NAME *George Ferris*

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME *Ellen Ferris*

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT *Sister Pauline Ann Sney*
(Address) *1200 Valley St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Oct 21* 19*36*

19. UNDERTAKER *Wm. W. Wiedefeld*
(Address) *914 Greenmount Ave*

20. FILED *23 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 20* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Sept* 19*30* to *Oct 20* 19*36*

I last saw him alive on *Oct 16* 19*36*. Death is said to have occurred on the date stated above, at *3 A* m.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Phys* Date of

What test confirmed diagnosis? *Phys* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm. C. Parker* M. D.

(Address) *1114 Harrison St*

28231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28231

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

Margaret Dimbler

(a) Residence: No.

R. F. D. 8 Westminster Md.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Andrew Dimbler
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 15, 18647. AGE Years 72 Months 8 Days 3 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Michael Shette14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Ed. Dimler
(Address) Westminster Md.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 21-3619. UNDERTAKER J. B. Thibault & Son
(Address) 1200 E. Baltimore Place20. Filled by Thompson Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Diseases of heart

Other contributory causes of importance:

Was an operation performed? 0 Date of 0

For what disease or injury?

Name of operation Clin. Date of 0What test confirmed diagnosis Clin. Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 28232

28232

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Saint Agnes' Hospital*
CITY OF BALTIMORE: (No. *2119 S. Calverton Rd.* St. *70-4* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *7* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Baby Girl Gallion (Joane M.)*
(a) Residence: No. *119 S. Calverton Rd.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *10-11-36*

7. AGE Years _____ Months _____ Days *7* If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

13. NAME *Oliver Gallion*

14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

15. MAIDEN NAME *Mary Buhlmann*

16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

17. INFORMANT *Oliver J. Gallion*
(Address) *119 S. Calverton Road*

18. BURIAL, CREMATION, OR REMOVAL
Place *Not buried* Date *Oct 20-36*

19. UNDERTAKER *J. B. Glickert & Son*
(Address) *1300 Eutaw Place*

20. FILED *1536*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-18-36*

22. I HEREBY CERTIFY, That I attended deceased from *10-11-36* to *10-18-36*

I last saw her alive on *Oct. 18, 1936* Death is said to have occurred on the date stated above, at *9:32 P.*

The principal cause of death and related causes of importance were as follows:
Congenital Hemolytic Jaundice

Date of onset *10-11-36*

Other contributory causes of importance:
Anemia

10-11-36

Was an operation performed? *no* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Blood smear* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Karl F. Weech*

(Address) *St. Agnes Hospital*

F 28233

F 28233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ~~200 North Street~~ No. 1213 Light St. Ward 7 Registered No. 59
 CITY OF BALTIMORE: (No. 1213 Light St.) St. 7 Ward 7
 Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
 2. FULL NAME Mrs. Sadie Kurth If U. S. Veteran specify WAR
 (a) Residence: No. 1616 S. Charles St., 7 Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced HUSBAND of Julius P. Kurth (or) WIFE of
 6. DATE OF BIRTH (month, day, year) May 18-1885
 7. AGE Years 51 Months 4 Days 29 If LESS than 1 day, 0 hrs. 0 min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton Island
 (State or country) Dorchester Co. Maryland

13. NAME Michael Branigan

14. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) Dayton Island
 (State or country) Dorchester Co. Maryland

17. INFORMANT Mr. Julius P. Kurth
 (Address) 1616 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
 Place Cedar Hill Cem. Date 10/21 1936

19. UNDERTAKER John J. Conan & Son
 (Address) 1213 Light St.

20. Huntington Williams, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936 to Oct 17, 1936

I last saw her alive on Oct 17, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Terminal Bronchopneumonia Date of onset

Other contributory causes of importance:

cellulitis of right forearm
Diabetes mellitus

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James S. Webb M. D.

(Address) 1213 Light St.

OCT 20 1936

F 28234

F 28234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 W. Lombard Street, 18-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Minnie O. Duckett

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 1038 W. Lombard Street St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of late Edward F. (or) WIFE of

Dec. 14, 1876

6. DATE OF BIRTH (month, day, year)

7. AGE 59 Years 10 Months 6 Days 5 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME William Harris

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Dricella F. Harris

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Mr. Ernest M. Howe (Address) 34 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 10/22/36

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St.

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Sept 19 1936, Oct 19 1936. I last saw him alive on Oct 19 1936. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronicity of Lung & Breast

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed) Daniel J. Shanahan M.D. 1945 W. 13 Balto. (Address)

OCCUPATION is very important. See instructions on back of certificate.

CT 20 1936

F 28235

17198

28235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Benjamin H. Spriggs(a) Residence: No. 632 Green Willow St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-3-18877. AGE Years 49 Months 8 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Bill14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Lizza Gardner16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 10/20 193619. UNDERTAKER Frances A. Hemmley
(Address) 378 W. Biddle St.
Washington, Md.

20. FILED

19

Registrar.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-193622. I HEREBY CERTIFY, That I attended deceased from 9-16 1936 to 10-15 1936I last saw him alive on 10-15 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

pyonephritis leftDate of onset 7 yrs.

Other contributory causes of importance:

Surgical shock10 hrs.Was an operation performed? yes Date of 10-15-36For what disease or injury? Removal left kidneyWhat test confirmed diagnosis? operation Were an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. H. Hoover M. D.(Address) Balt. City Hosp.

28236

13677

HEALTH DEPARTMENT—CITY OF BALTIMORE

28236

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 2427 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of George
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-14-18997. AGE 37 Years 3 Months 4 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Joseph Kuznirski
Poland14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Josephine Mazek16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct. 22, 193619. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-193622. I HEREBY CERTIFY, That I attended deceased from 4-20 1936, to 10-18 1936.I last saw him alive on 10-18 1936. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Subacute Bacterial Endocarditis
due to Streptococcus ViridansDate of onset
10-14-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No
(Signed) John L. Tarnier M. D.
(Address) Baltimore City Hospital

OCT 20 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 28237

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 E. Randall St. 24th Ward)

Length of residence in city or town where death occurred 27 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 151 E. Randall St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 1. Color or Race White | 2. Sex Male | 3. Single, Married, Widowed, or Divorced (write the word) Married |
| 4a. If married, widowed or divorced HUSBAND of (or) WIFE of Norman Butz | | |
| 6. DATE OF BIRTH (month, day, year) June 26, 1909 | | |
| 7. AGE | Years 27 | Months 3 |
| | Days 22 | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | 11. Total time (years) spent in this occupation 37 | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1933 to Oct 18, 1936

I last saw her alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic ~~interstitial~~ glomerular nephritis with hypertension 1932

Other contributory causes of importance:

Secondary Anemia 1935

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence H. Sena M. D.

(Address) 104 W. Madison St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

OCT 20 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

28238

CERTIFICATE OF DEATH

Registered No. 28238

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Hanan St. 23-3 Ward)

Length of residence in city or town where death occurred 22 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1727 Hanan St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Pytryk

7. DATE OF BIRTH (month, day, year) April 23, 1914

8. AGE Years 22 Months 5 Days 26 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Balt. Mo.

13. NAME George E. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Augusta Ludwigs

16. BIRTHPLACE (city or town) (State or country) Balt. Mo.

17. INFORMANT Augusta Smith

18. ADDRESS 1727 Hanan St.

19. BURIAL, CREMATION, OR REMOVAL Place Bedan Hall Date Oct 21, 1936

20. UNDERTAKER A. Howard & Son 1410 S. Charles

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1936

22. HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936, to Oct. 19, 1936

I last saw ER alive on Oct. 18, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Indefinite

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? no Date of 10/17/36

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: suicide, or homicide? Date of injury 19

When did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed: A. H. Campbell M. D.

(Address) 1644 Halloway St.

FILED OCT 20 1936

13 18771
28239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 28239

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St. 29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Agnes Tarbeck(a) Residence: No. 3 E. Randall

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Albert Tarbeck6. DATE OF BIRTH (month, day, year) 1-30-107. AGE Years 26 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Wm Douglass14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Annie Emnashine16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bethesda Date Oct 22, 193619. UNDERTAKER A. H. ...(Address) 1401 S. ...20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 18, 1936 to Oct 18, 1936I last saw her alive on Oct 18, 1935. Death is saidto have occurred on the date stated above, at 11:15 p m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure (immediate cause)
Uremia about Aug. 1936
Chronic Nephritis (glomerular) about Aug. 1935

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick C. Weber

M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 20 1936

F 28240

✓ F 28240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE:

Princeton Hospital 6-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hester Holley - Holley

If U. S. Veteran specify WAR

(a) Residence: No.

2337 Seabrook

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *N* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *James Holley -* (or) WIFE of *Holley? 1904*6. DATE OF BIRTH (month, day, year) *July 1904* 7. AGE Years *32* Months *1* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *0037* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Ya.* (State or country)13. NAME *William Pollard*14. BIRTHPLACE (city or town) *Ya.* (State or country)15. MAIDEN NAME *May Thomas*16. BIRTHPLACE (city or town) *Ya.* (State or country)17. INFORMANT *James Holley* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Calvary* Date *6/21/1936*19. UNDERTAKER *Robert E. Mulligan* (Address) *513 Mt. Eldridge*20. FILED 19 *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 17*, 19*36*22. I HEREBY CERTIFY That I attended deceased *Oct 17* 19*36*I last saw him alive on *Oct 17*, 19*36* Death is said to have occurred on the date stated above, at *431A*

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease Date of onset *?*Other contributory causes of importance: *Cardio Sclerotic*Was an operation performed? *no* Date ofFor what disease or injury? *no*Name of operation *no* Date of *no*What test confirmed diagnosis? *no* (specify if an autopsy)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*Signed *Benjamin* M. D.(Address) *1207 N. Calver*

CT 20 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 5-1

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Wm. Carter World War Veteran

(a) Residence: No. 10 N. Caroline St. _____ Ward. 13/28 Jefferson H.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Celia
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/1917

7. AGE Years 39 Months 1 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 10/21/36

19. UNDERTAKER Joseph G. Locke Jr.
(Address) 1302 Jefferson St.

20. FILED St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936 to Oct-17, 1936

I last saw him alive on Oct-17, 1936 Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis - due to Pneumococcus Group IV Date of onset 7/1/36

Other contributory causes of importance:

Septicemia due to Pneumococcus Group IV 7/1/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Frederick C. Heber Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 28242

F 28242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Med. University Hosp. 13-8* St. *Word*)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Capitola E. Kaufman

(a) Residence: No.

1318 Weldon Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Oppie H. Kaufman

6. DATE OF BIRTH (month, day, year)

Nov 6, 1886

7. AGE

49

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa

FATHER

13. NAME

Jacob Wilhelm

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Pa

15. MAIDEN NAME

Elizabeth J. Dandy

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Oppie H. Kaufman

(Address)

1318 Weldon Ave

18. BURIAL, CREMATION, OR REMOVAL

*State, Pa*Date *Oct 21, 1936*

19. UNDERTAKER

Chenoweth

(Address)

*3615 17th St**H. E. F. W.*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

*Oct 16, 1936, to Oct 18, 1936*I last saw her alive on *Oct 18, 1936* Death is said to have occurred on the date stated above, at *9:55 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of body of uterus
Abdominal Carcinomatosis
Intestinal perforation
Peritonitis*

Date of onset

Other contributory causes of importance:

Was an operation performed?

yes

Date of

10/16/36

For what disease or injury?

Intestinal perforation

What test confirmed diagnosis?

autopsy

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

G. R. Adams

M. D.

(Address)

University Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 20 1936

28243

1268-9

F 28243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp* St. *13-7* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1020 W 38th St* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Aug ? 1862*7. AGE Years Months Days If LESS than 1 day. hrs. or min.
About 74 *2* *7*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *MD.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Lydia Morrison*16. BIRTHPLACE (city or town) (State or country) *MD.*17. INFORMANT *Mamie Shaffer*
(Address) *1020 W 38th St*18. BURIAL, CREMATION, OR REMOVAL
Grave Burial Balto Co MD Date *Oct 21, 1936*19. UNDERTAKER *Chenoweth & Co*
(Address) *3615-17th St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 18, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *Oct 6, 1936*

Accident, suicide, or homicide? _____

Where did injury occur? *Bldg MD.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of Injury *fell down stairs*Nature of Injury *fract & lacerations*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Address) *1020 S. Second St* M. D.

Registrar.

OCT 20 1936

See instructions on back of certificate. OCCUPATION is very important.

28244

✓ F 28244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital) 19-2

Registered No. 175a-140

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Williams

If U. S. Veteran

specify WAR

(a) Residence: No. 113 B. Sticker St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Fred Williams (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6th 1912

7. AGE Years 24 Months 0 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME James F. Lytle

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Anna E. Webb

16. BIRTHPLACE (city or town) Mississippi (State or country)

17. INFORMANT Anna E. Lytle (Address) 802 West 35th St,

18. BURIAL, CREMATION, OR REMOVAL Central Park Burial Ground, Date of 1936

19. UNDERTAKER (Address) 30, 517 E. Lexington Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16th 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, he or she, as Autopsy (Inquest, Autopsy or Inquiry)

obtained by said Autopsy and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peritonitis Following Incomplete Abortion

Date of onset One week

Other contributory causes of importance:

Broncho Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed)

1936 Edmondson

M. D.

Coroner

OCCUPATION is very important. See instructions on back of certificate.

vsa

OCT 20 1936

F. 28245

✓ F 28245
28245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 W. Hamburg St. St. 23-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 5 mo 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ernest D. Manning (c)

(a) Residence: No.

150 W. Hamburg St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME David Manning (c)

14. BIRTHPLACE (city or town) South Carolina (State or country)

15. MAIDEN NAME Viola Ford (c)

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Viola Manning (mother) (Address) 150 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 20, 1936

19. UNDERTAKER (Address) 137 Chesapeake St. Huntingdon Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify

(Signature) Otto H. Reinhardt M. D.

(Address) 1017 S. Charles St. Crocker

OCCUPATION is very important. See instructions on back of certificate.

OCT 20 1936

F 28246

✓ F 28246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL, 27-20 Ward)Length of residence in city or town where death occurred lifetime long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

HARRY CHESSLER

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 6214 WALLIS AVE St. CITY Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBessie W. Chessler

6. DATE OF BIRTH (month, day, year)

Sept. 1, 1891

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.451198. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Ophthalmology9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Manager10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

FATHER

13. NAME

Joseph H. Chessler14. BIRTHPLACE (city or town)
(State or country)Poland

MOTHER

15. MAIDEN NAME

Rebecca Isaac16. BIRTHPLACE (city or town)
(State or country)Germany

17. INFORMANT

(Address)

Mr. M. Chessler
6214 Wallis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Rel. Friendship Date Oct. 22, 1936

19. UNDERTAKER

(Address)

David Friedman
1902 Eastman Place
Huntington Village, Md.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 193622. I HEREBY CERTIFY, That I attended deceased from
SEPTEMBER 19 1936 to OCTOBER 20, 1936.I last saw him alive on OCTOBER 20, 1936. Death is said
to have occurred on the date stated above, at 2:10 A.M.The principal cause of death and related causes of
importance were as follows:ACUTE LYMPHATIC LEUKEMIA
EXTREME UNDERNUTRITION

Date of onset

Oct. 1936

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) E. J. Goodrich Jr. M. D.(Address) University Hospital

20 1936

F. 28247

F 28247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17921

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 108 Ward)Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Samuel Burton(a) Residence: No. 731 A. Saratoga St. St. 108 Ward. 108

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced Single (Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-6-347. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 2 1 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Samuel Burton14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Floria Hawkins16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place mt. Zion Date Oct 21, 193619. UNDERTAKER Ms Katie R. Williams
(Address) 322 N. Schreiner St.20. REGISTRAR Wm. H. Williams
(Address) Balto. City Hosp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-36, 1922. I HEREBY CERTIFY. That I attended deceased from 10-14-36 19. to 10/18/36 19.I last saw him alive on 10/18/36 19. Death is said to have occurred on the date stated above, at 4:50 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of report? 10/12/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. H. Williams(Address) Balto. City Hosp

M. D.

T 20 1936

28248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28248

46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Torrest St., 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 314 Torrest St., 5-2 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Henry Brooks (or) WIFE of6. DATE OF BIRTH (month, day, year) 1896

7. AGE

Years

Months

Days

If LESS than 1 day, 00 hrs. 37 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Md (State or country)

FATHER

13. NAME Carroll Polon14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Sarah Brown16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Annie Carberry(Address) 314 Torrest St

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary cemDate 10-21-193619. UNDERTAKER Byron & Mamie M. Wright(Address) 218 McCalister St

20. FILED

OCT 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-193622. I HEREBY CERTIFY, That I attended deceased from 9-21-1936 to 10-19-1936I last saw him alive on 10-18-1936. Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

unknown

Other contributory causes of importance:

Was an operation performed? noDate of —For what disease or injury? —What test confirmed diagnosis? —Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of Injury —Nature of Injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify —(Signed) W. H. Carver(Address) 611 N. Caroline

M. D.

F 28249

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28249

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward *12*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *6* mos. *10* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *772 Vine St.* St. _____ Ward _____

(Usual place of abode)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *April 19, 1934*7. AGE Years *2* Months *6* Days *28* If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Julie Powell*14. BIRTHPLACE (city or town) *Washington* (State or country) *D. C.*15. MAIDEN NAME *Healer Davis*16. BIRTHPLACE (city or town) *St. Louis* (State or country) *Missouri*17. INFORMANT *Undertaker*

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion* Date *Oct. 20, 1936*19. UNDERTAKER *Mrs. Katie R. Williams*(Address) *322 N. Schroeder St.*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-17-1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 16, 1936* to *Oct. 17, 1936*I last saw her alive on *Oct. 17, 1936* Death is said to have occurred on the date stated above, at *7:45 P.m.*

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

*?**10-18 days*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *James D. Carr*(Address) *515 Market Street* M. D.

v s

CT 20 1936

F 28250 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28250

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Gay

St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Richard B. Newlen

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 1601 N. Gay

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 9 1889

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

47

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W. Wisconsin

FATHER

13. NAME

Unknown

MOTHER

14. BIRTHPLACE (city or town) (State or country)

"

15. MAIDEN NAME

"

16. BIRTHPLACE (city or town) (State or country)

"

17. INFORMANT

(Address)

W. W. Voter in Administration East Mc Henry Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem

Date 10/21

1936

19. UNDERTAKER

(Address)

Rebert Brooks & Son Calhoun & Hollins etc

20. FILED

R. W. Voter in Administration

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage

Other contributory causes of importance:

Fracture of left maxillary bone

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: gunshot homicide

Accident, suicide, or homicide? Date of injury Oct 17 1936

Where did injury occur? found on sidewalk at 180 S. Gay St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury Blow in left side of face

Nature of Injury Fractured jaw & cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1010 S. Elm St. Baltimore

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

28251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Pier 2 Locust Point St., 1-3 Ward)
Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S. If of foreign birth 45 yrs. - mos. - ds.
2. FULL NAME Thomas Plewacki.
(a) Residence: No. 607 S. Rose St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced, give name of HUSBAND or WIFE Mary Plewacki.

6. DATE OF BIRTH (month, day, year) October 23, 1866

7. AGE Years 69 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Mary Plewacki. (wife) (Address) 607 S. Rose St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem. Date 10/21/36

19. UNDERTAKER M. J. Sadowski & Sons (Address) 1804 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Missing October 13, 1936 Found day October 13, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drowning
Probably accidental.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry as there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt M. D. (Address) 1017 S. Charles St. Coroner

Registrar.

FILED

OCT 20 1936

OCCUPATION is very important. See instructions on back of certificate.

✓ F 28252

28252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat* St. *28* Ward *1*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marie Kennedy(a) Residence: No. *2405 1st N.E. Wash D.C.* St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *June 7-1882*7. AGE Years *54* Months *4* Days *10* If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Minne.* (State or country) _____13. NAME *Wm. Kennedy*14. BIRTHPLACE (city or town) *Conn.* (State or country) _____15. MAIDEN NAME *Mary E. Quinn*16. BIRTHPLACE (city or town) *Mass.* (State or country) _____17. INFORMANT *William Kennedy* (Address) *2405 1st St. N.E.*18. BURIAL, CREMATION, OR REMOVAL Place *Wash. D.C.* Date *Oct 17* 19*36*19. UNDERTAKER *Timothy Hannon* (Address) *421 1st St. N.E.*20. FILED *1936**St. Anthony's Hospital, Wash. D.C.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 17* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Sept 14* 19*36* to *Oct 17* 19*36*I last saw him alive on *Oct 17* 19*36*. Death is said to have occurred on the date stated above, at *4:15 P.* m.

The principal cause of death and related causes of importance were as follows:

*Right pleural adhesions
Right total pneumonia
Fluid in Left Pleural Cavity Transudate
Acute Myocardial decomposition
3 days.*Date of onset *10/14/36*

Other contributory causes of importance:

*Arteriosclerotic changes**9/1/36*

Name of operation _____

Date of _____

What test confirmed diagnosis? *Indur.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19*36*

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Damian P. Alagia*

M. D.

(Address) *3326 Frederick Ave.*

F. 28253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1604 Etting*)St. *14* Ward *2*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Olive Missiania Brown*

If U. S. Veteran

specify WAR

(a) Residence: No. *1604 Etting*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cal.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Jan 10 1912*7. AGE *24* Years *9* Months *7* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *M.D.*13. NAME *John Brown*14. BIRTHPLACE (city or town) *Wilmington* (State or country) *D.C.*15. MAIDEN NAME *Emmie*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *M.D.*17. INFORMANT *Marjorie Brown*(Address) *214 Madison Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Quaker Memorial*Date *Oct. 20-36*19. UNDERTAKER *Mrs. George F. Kolla*

(Address)

20. 1936

16 31 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 17, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, *about 4 am.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. H. M.*(Address) *1218 Hanover*

Coroner

M. D.

STATE CAUSE OF DEATH IN PLAIN TERMS TO THE DEATH CERTIFICATE. OCCUPATION is very important. See instructions on back of certificate.

F 28254

28254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Fort DuPort Delaware* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct. 15, 1936*7. AGE Years Months Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*13. NAME *Dr. Ralph Lewis*14. BIRTHPLACE (city or town) *Albany*
(State or country) *Tennessee*15. MAIDEN NAME *Fern Rudy*16. BIRTHPLACE (city or town) *Albany*
(State or country) *Mississippi*17. INFORMANT *Dr. Ralph Lewis*
(Address) *Fort DuPort Delaware*18. BURIAL, CREMATION, OR REMOVAL
Place *Univ. of Md.* Date *Oct 20* 19 *36*
*Commissioner of Health*19. UNDERTAKER *Per H. A. Moore*
(Address)20. FILED *20* 1936 *2670* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 17* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *9:44 Oct 15* 19 *36* to *Oct 17* 19 *36*I last saw him alive on *Oct 17* 19 *36*. Death is said to have occurred on the date stated above, at *6:15 P.*

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction

Date of onset

10/17

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? *Heart* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Hugh B. McHally* M. D.(Address) *Univ. of Md.*

OCCUPATION is very important. See instructions on back of certificate.

#17337

F 28255

F 28255 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)Registered No. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Mack Brown

If U.S. Veteran

specify WAR

(a) Residence: No. 1412 Laurens St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|--|
| 3. SEX M | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) Infant |
|--------------------|------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-29-1936

| | | | | |
|---------------|-------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 2 mos. | | 2 | 14 | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME John M.14. BIRTHPLACE (city or town) S. C.
(State or country)15. MAIDEN NAME Ethel Tibbs16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Wm. of Md Date Oct 20 193619. UNDERTAKER Per H. A. Moore
(Address)20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13, 193622. I HEREBY CERTIFY, That I attended deceased from 9-22, 1936 to 10-13, 1936.I last saw him alive on 10-13, 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows

Dysentery, bacillaryDate of onset
9-21-36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Stool culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

R. B. Gray
Baltimore City Hospital M. D.

28256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28256

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 18* St. *18* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *9 N. Poppleton* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *10-3-36*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *15 14*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *James Spedden*

14. BIRTHPLACE (city or town) *Baltimore* (State or country)

15. MAIDEN NAME *Sophie*

16. BIRTHPLACE (city or town) *Baltimore* (State or country)

17. INFORMANT *Father* (Address) *9 N. Poppleton St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Union Mt.* Date *Oct. 20 1936*

19. UNDERTAKER *Commissioner of Health* (Address) *Per H. A. Moore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-18-36*

22. I HEREBY CERTIFY. That I attended deceased from *10-3-36* to *10-18-36*

I last saw her alive on *10-18-36* Death is said to have occurred on the date stated above, at *7:00* p.m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Walter H. Gering Jr.* M. D.

(Address) *University Hospital*

20 1936

Commissioner of Health Registrar *Oct 26 1936*

OCCUPATION is very important. See instructions on back of certificate.

F 28257

18737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 117-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stone, Baby Boy

(a) Residence: No. 2630 Hampden Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Newborn |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

10-7-36

7. AGE

Years

Months

Days

8

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Balto.
Md.

FATHER

13. NAME Paul Stone

14. BIRTHPLACE (city or town)
(State or country)Balto.
Md.

MOTHER

15. MAIDEN NAME Doris Schollian

16. BIRTHPLACE (city or town)
(State or country)Balto.
Md.

17. INFORMANT

B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart Date 10-24 1936

19. UNDERTAKER

(Address)

J. J. Fisher & Sons
1318 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from
10-7-36 to 10-15-36I last saw him alive on Oct 15, 1936 Death is said
to have occurred on the date stated above, at 12:40 A.M.The principal cause of death and related causes of
importance were as follows:

Marasmus & Starvation

Infantile Neurosis

Congenital anomalies - internal (?)

Hemorrhage - internal

Other contributory causes of importance:

Left palate had been lip

Date of onset

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. F. Kadan

M. D.

(Address) Baltimore City Hospital

FILED

GT 20 1936

28258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28258

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Chatham Rd 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3706 Chatham Rd. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.5a. If married, widowed, or divorced HUSBAND of Elise Emmert Neun (or) WIFE of6. DATE OF BIRTH (month, day, year) DEC 13 18557. AGE Years 80 Months 10 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany. (State or country)13. NAME Philip Neun14. BIRTHPLACE (city or town) Germany. (State or country)15. MAIDEN NAME Elizabeth Laiter16. BIRTHPLACE (city or town) Germany. (State or country)17. INFORMANT Elise Emmert Neun (Address) 3706 Chatham Rd.18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem Date 10-22 193619. UNDERTAKER Mrs Ches A. G. Rohde. (Address) 2327 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to Oct 19 1936I last saw him alive on Oct 18 1936 Death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

uremia
chronic nephritis
cardio-vascular-renal } Date of onset 10-18-36
1 yr.

Other contributory causes of importance:

arterio-sclerosis
enlarged prostate } 1 yr.
1 yr.Was an operation performed? No Date of none

For what disease or injury?

Name of operation anal. ph. exam Date of 29What test confirmed diagnosis? anal. ph. exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

(Nature of Injury)

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Louis F. Krumein M. D.(Address) 722 W. Howard

20 1936

F 28259

F 28259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *19-1* Ward)Length of residence in city or town where death occurred *Spk* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1531* *Edmundson Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------------|--|
| 3. SEX <i>M</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>—</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>5/30/1936</i> | | |
| 7. AGE | Years <i>5</i> | Months <i>18</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation <i>Infant</i> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Betha Jeanen*16. BIRTHPLACE (city or town)
(State or country) *Baltimore*17. INFORMANT *Grandmother*(Address) *1531 Edmundson Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn*Date *10/21*

1936

19. UNDERTAKER *Thomas E. Kelson*(Address) *1503 Presbiterian St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-18*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *10-10*, 19 *36* to *10-18*, 19 *36*I last saw him alive on *10-18*, 19 *36* Death is saidto have occurred on the date stated above, at *11:55* m.

The principal cause of death and related causes of importance were as follows:

*Pneumonia - lobes (Type I)
Bilateral otitis media
Septicemia - Peritoneal*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis *Salmonella* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Walter Henry Gentry Jr.*(Address) *University Hospital*

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

61 1036 100

F 28260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28260

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 N. Lafayette St., 131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2502 N. Lafayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced, name of (or) WIFE of William Stewart

6. DATE OF BIRTH (month, day, year) Nov. 6-1852

7. AGE 83 Years 11 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month, day, year) 10/19/36 II. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Pa.

13. NAME George Hume

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Pa.

15. MAIDEN NAME Mary Selange

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Kellogg Andrews

(Address) 2502 N. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 22, 1936

19. UNDERTAKER Mrs. Miss John W. Griefel & Son

(Address) 801 N. Lafayette St.

20. FILED T 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11-1936 to Oct. 19-1936

I last saw him alive on Oct. 19-1936 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1925

Other contributory causes of importance:

Ch. Myocarditis 1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation Spinal Excision Date of

What test confirmed diagnosis? There was an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave

28261

HEALTH DEPARTMENT—CITY OF BALTIMORE

28261

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5318 Plainfield Ave* Ward)Length of residence in city or town where death occurred: *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *5318 Plainfield Ave* St. *1* Ward. (If non-resident give city or town and State)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan 12 1869*7. AGE Years *67* Months *9* Days *7* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Unknown*
14. BIRTHPLACE (city or town) (State or country)15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)17. INFORMANT *Joseph Veilmann* (Address) *5318 Plainfield Ave*18. BURIAL, CREMATION, OR REMOVAL *Holy Redeem* Date *10/22/1936*19. UNDERTAKER *Leonard R. Ruck* (Address) *5305 Thelwell St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/19/1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 14, 1936* to *Oct 19, 1936*I last saw him alive on *Oct 19, 1936* Death is said to have occurred on the date stated above, at *5:30 P.* m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset *10/19/36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Engine R. Carson* M. D.(Address) *2314 E. Baltimore St*

T 27 1936

F 28262

F 28262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. Ward)Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 2 ds.2. FULL NAME Jan Ostapowski(a) Residence: No. 2612 E. Baltimore St. St., 6-2 Ward. (If non-resident give city or town and State)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Pauline Ostapowski
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years Months Days If LESS than 1 day, 70 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Walter Wisniewski
(Address) 2612 E. Baltimore St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct. 23, 193619. UNDERTAKER Andrzej W. Orazewski
(Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. W. Rogers Coroner M. D.(Address) 1010 S. E. 10th St.

OCCUPATION is very important. See instructions on back of certificate.

FILED

OCT 21 1936

Andrzej W. Orazewski

28263

Dawson 28263 HEALTH DEPARTMENT—CITY OF BALTIMORE

108 CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 Bradley St. 17-3 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence No. 757 Bradley

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Estelle Dawson (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE 48 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter (Galeon)

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation ant no

12. BIRTHPLACE (city or town) M L D (State or country)

FATHER

13. NAME Bartow Dawson

14. BIRTHPLACE (city or town) Georgia (State or country)

MOTHER

15. MAIDEN NAME Leana Dawson

16. BIRTHPLACE (city or town) Georgia (State or country)

17. INFORMANT Estelle Dawson

(Address) 757 Bradley St

18. BURIAL, CREMATION, OR REMOVAL Est 21 Oct 36

Place mt Calvary Date _____

19. UNDERTAKER Chas. Williams

(Address) 1000 N. ...

20. DATE OF DEATH Oct 21 1936

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 12 1936 to Oct 19 1936

I last saw him alive on Oct 19 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows

Notes from

Date of onset

Oct 12 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? WPM Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

M. D.

F.D. 28264

F 28264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *10-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *22* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *22* yrs. *0* mos. *0* ds.2. FULL NAME *Jacob Bass*(a) Residence: No. *2015 Ashton*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced
HUSBAND of *Cliffie Bass*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 12, 1878*7. AGE Years *58* Months *7* Days *8* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cap Manufactures*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town): *Russia*
(State or country)13. NAME *Meyer Bass*14. BIRTHPLACE (city or town): *Russia*
(State or country)15. MAIDEN NAME *P.*16. BIRTHPLACE (city or town): *Russia*
(State or country)17. INFORMANT *Abe Levin*
(Address) *504 S. Pulaski St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hefner Herring Run* Date *Oct 21* 19*36*19. UNDERTAKER *Paul Schenker*
(Address) *1127 E. Baltimore St.*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 20, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to his death on the day stated above.
(Inquest, Autopsy, or Inquiry)

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

*Left Ventricular Hemorrhage*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19*36*Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Paul Schenker* M. D.(Address) *1919 E. North Ave* Coroner

State cause of death in plain terms, so that it may be understood by laymen. See instructions on back of certificate.

v 99

CT 21 1936

28265

F 28265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *157-8*)Registered No. *157-8*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Bessie Pearl Bradley*(a) Residence: No. *Cambridge Md 1 St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>single</i> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 9, 1936*

| | | | | |
|--------|-------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | | <i>3</i> | <i>11</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Cambridge Md*
(State or country)13. NAME *Earle P. Bradley*14. BIRTHPLACE (city or town) *Cambridge Md*
(State or country)15. MAIDEN NAME *Golda Cook*16. BIRTHPLACE (city or town) *Cambridge Md*
(State or country)17. INFORMANT *Golda Bradley*
(Address) *Cambridge Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cambridge Md* Date *Oct 22, 1936*19. UNDERTAKER *Frank E. Albaugh*
(Address) *Cambridge Md*

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 20, 1936*22. I HEREBY CERTIFY. That I attended deceased from *9-6-*, 1936, to *10-20-*, 1936.I last saw her alive on *10-20-*, 1936 Death is said to have occurred on the date stated above, at *5:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Bilateral Heart Dis.
Pyloric Stenosis*

Date of onset

Other contributory causes of importance:

*Intestinal obstruction*Was an operation performed? *yes* Date of *9-6-36*For what disease or injury? *Bilateral Heart Dis.
Pyloric Stenosis* Date of *9-10-36*Name of operation *Gastrectomy* Date of *10-4-36*What test confirmed diagnosis? *Pyloric Stenosis* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Dr. J. A. Williams M. D.*(Address) *md. General Hospital*

Registrar

OCCUPATION is very important. See instructions on back of certificate.

28266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28266

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital.

CITY OF BALTIMORE: (No.

St.

Ward)

Length of residence in city or town where death occurred.

46

mos.

ds.

How long in U. S. If of foreign birth

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME

Mrs Rose Mueller

(a) Residence: No.

2522

Gisguth St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

George H. Mueller

6. DATE OF BIRTH (month, day, year)

May 16, 1889

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

47

5

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10. Date deceased last worked at this occupation (month and year)

Sept 1, 1936

11. Total time (years) spent in this occupation

14

12. BIRTHPLACE (city or town) (State or country)

New York

FATHER

13. NAME

Hermann Zannebaum

14. BIRTHPLACE (city or town) (State or country)

Europe

MOTHER

15. MAIDEN NAME

Lena Zeamal

16. BIRTHPLACE (city or town) (State or country)

Europe

17. INFORMANT

Nusband

(Address)

2522 Gisguth St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Helwig Cemetery

Date

10-21-36

19. UNDERTAKER

(Address)

1438 E. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

October 4, 1936, to October 20, 1936

I last saw her alive on October 20, 1936. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, facies, and cardiac
degenerative changes

Date of onset

9/23/36

Other contributory causes of importance:

Acute pulmonary edema

Date

10/19/36

Was an operation performed?

Yes

Date of

October 11, 1936

For what disease or injury?

Intestinal obstruction

What test confirmed diagnosis? Autopsy

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph E. Buel

M. D.

(Address)

City Hospital, Balto. Md.

CT 21 1936

F 28267

F 28267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-2 St. Ward)

Length of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Lottie Hamburger

If U. S. Veteran

specify WAR

(a) Residence: No.

2000 Brookfield Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Salomon E. Hamburger

6. DATE OF BIRTH (month, day, year)

7. AGE

64

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Berthold Slawson

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Krause

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Jennette Hamburger
2000 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Burial Greenwood 10/21/36

19. UNDERTAKER

J. L. Ewald Jr.
1439 E. Baltimore St.

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1936, to 10-20, 1936

I last saw her alive on 10-20, 1936 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

chr. cholelithiasis
ac. cholecystitis
chr. oblit. appendix

Date of onset

Other contributory causes of importance:

Pulmonary infarctions
(multiple)

Was an operation performed? 9-10-36 Date of 9-10-36

For what disease or injury? cholelithiasis - appendicitis

Name of operation cholecystectomy Date of 9-10-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If no, specify

(Signed) A. L. Ewald Jr. M. D.

(Address) Maryland General Hospital

28268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *7-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Albert Foultry

If U. S. Veteran

specify WAR

(a) Residence: No. *625 N. Bond St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *November 27, 1911*7. AGE Years *24* Months *10* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labrer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Ernest Hadus*
14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Geneva Bell*
15. BIRTHPLACE (city or town) (State or country) *Washington D. C.*17. INFORMANT *Geneva Bell*
(Address) *625 N. Bond St.*18. BURIAL, CREMATION, OR REMOVAL
Place *First Calvary Cem* Date *Oct 22 1936*19. UNDERTAKER *Robert Williams*
(Address) *151 Strickland St*20. FILED *21 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 19 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) obtained for said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Spine

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schaeffer* Coroner M. D.(Address) *197 E. North Ave.*

OCCUPATION is very important. See instructions on back of certificate.

F 28269

HEALTH DEPARTMENT—CITY OF BALTIMORE 28269

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.

Belvedere & Greenpring Av. (27) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Etta Krakow

(a) Residence: No.

Belvedere & Greenpring

St., 27 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Max

6. DATE OF BIRTH (month, day, year)

1867

7. AGE

69

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None. 1867

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

David Pozanski

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Etta P

16. BIRTHPLACE (city or town) (State or country)

Austria

17. INFORMANT

(Address)

Sigmund Feinblatt

Belvedere & Greenpring

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Burial

Date Oct 21 1936

19. UNDERTAKER

(Address)

J. J. Livenson Bros

1117 E. Baltimore

20. FILED

1936

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

October 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 29, 1936, to Oct 20, 1936

I last saw her alive on Oct 20, 1936 Death is said

to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of

importance were as follows:

Diabetes Mellitus
Hypertension

Date of onset

1925

Other contributory causes of importance:

Chronic Bronchitis

Name of operation

Amputation right leg

Date of 6/12/35

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Edmund Levin

(Address)

Levin

M. D.

OCT 21 1936

28270

F 28270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Leadenhall St., 73-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Mitchell

If U. S. Veteran

specify WAR

(a) Residence: No. 1034 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of William Mitchell
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 40 Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Ind
(State or country)FATHER 13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT William Mitchell
(Address) 145 W. Montgomery St18. BURIAL, CREMATION, OR REMOVAL
Place Mc Auburn Date 10/21/3619. UNDERTAKER Isaiah L. Brown & Son
(Address) 100 W. Montgomery St20. REGISTAR William Mitchell
(Address) 107 W. Wheel St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/3622. I HEREBY CERTIFY That I attended deceased from 9/16/36 to 10/18/36I last saw him alive on 10/18/36 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Interstital Nephritis
Other contributory causes of importance: none

Was an operation performed? Date of

For what disease or injury? Interstital Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCT 21 1936

28271

F 28271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Mosher St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1107 Mosher St., Ward. (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Charles Henderson
(or) WIFE of 1878

6. DATE OF BIRTH (month, day, year)

7. AGE Years 58 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centersville, Md
(State or country)13. NAME Thomas S. Wilson14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Emily ?16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Hussie Rogers
(Address) 1107 Mosher St.18. BURIAL, CREMATION, OR REMOVAL
Place Centersville, Md Date 10/22 193619. UNDERTAKER Thomas E. Kelso
(Address) 13038

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20 193622. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Oct 20 1936I last saw h. 25 alive on Oct 20 1936 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Accident over 10/20 1936

Other contributory causes of importance:

Chorea 1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Halpern M. D.
(Address) 1225 Park St.

CT 21 1936

Registrar

28272

F 28272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Argyle Ave. St. 14 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

David B. Martin

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1515 Argyle Ave. St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Martin6. DATE OF BIRTH (month, day, year) April 25, 19067. AGE Years 30 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Harry Martin14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) S. C.17. INFORMANT Mrs Mary Martin(Address) 1515 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place mt auburn Date 10/24 193619. UNDERTAKER Thomas E. Kelson(Address) 1303 Pressman St

20. DIED

21 1936

21. BY

H. E. Kelson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 193622. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Oct 20 1936I last saw him alive on Oct 20 1936. Death is said to have occurred on the date stated above, at 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Lutz(Address) 700 W. Lutz St.

M. D.

28273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28273

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)Registered No. *93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

John H. Spriggs

If U. S. Veteran

specify WAR

(a) Residence: No. *Matthews Co; Virginia*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Negro</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widower</i> |
| 5a. If married, widowed, or divorced HUSBAND or <i>WIFE</i> <i>Ella Spriggs</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Jan 23, 1867</i> | | |
| 7. AGE Years <i>69</i> Months <i>8</i> Days <i>27</i> | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer 1886</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) <i>Oct. 1936</i> | 11. Total time (years) spent in this occupation <i>50 yrs</i> | |

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) *Matthews Co; Va*13. NAME *unknown*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Mollie Patterson*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Mrs. Harriet Spriggs*(Address) *2413 McCallum St*

18. BURIAL, CREMATION, OR REMOVAL

*White Stone Va*Date *10-21-1936*19. UNDERTAKER *Mrs. H. Holland*(Address) *1218 E. Holladay St*20. FILED *1936**Washington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-19-36*22. I HEREBY CERTIFY, That I attended deceased from *Oct 18, 1936* to *Oct 19, 1936*I last saw him alive on *Oct 17, 1936* Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

bilateral pyonephrosis, "pyo-tubercle", purulent cystitis

Date of onset

Oct 6, 1936

Other contributory causes of importance:

*prostatic hypertrophy, chronic myocarditis*Was an operation performed? *No*

Date of.....

For what disease or injury?

Name of operation.....

Date of.....

What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *James D. Carr*(Address) *515 Mosher St*

M. D.

F 28274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-4 Ward)

Length of residence in city or town where death occurred 1927 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Askew

(a) Residence: No. 325 W. Preston St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Charles (or) WIFE of Oct 9 - 1901

6. DATE OF BIRTH (month, day, year) 1898
7. AGE Years 38 Months 25 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina (State or country)

13. NAME Miles Chesnut 14. BIRTHPLACE (city or town) North Carolina (State or country)

15. MAIDEN NAME Dela Paise 16. BIRTHPLACE (city or town) North Carolina (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Date Oct. 23, 1936 Place

19. UNDERTAKER Mrs. George C. Hollay (Address) 1631 D Street Baltimore

20. FILED Atington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1936 to 10-21, 1936

I last saw her alive on 10-21, 1936. Death is said to have occurred on the date stated above, at 5:24 p.m.

The principal cause of death and related causes of importance were as follows: Diabetes mellitus

Date of onset 7

Other contributory causes of importance: Amputation left foot 6 wks

Was an operation performed? yes Date of 10-14-36

For what disease or injury? Amputation left foot
Not amputated

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. B. Hollay M. D.

(Address) Balt. City Hosp.

10-21-1936

28275

F 28275

17810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-3 Ward)

Length of residence in city or town where death occurred 116 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Kraft

(a) Residence: No. 1507 N. Luzerne Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 8/27/1857

7. AGE Years 79 Months 1 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as alk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0087

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Christian Kraft

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Oct 21 1936

19. UNDERTAKER John C. Miller (Address) 433-35 E. Avenue

20. FILED

OCT 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-36

22. I HEREBY CERTIFY, That I attended deceased from 10-4-36 to 10-18-36

I last saw him alive on 10-18-36 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 10-4-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John L. Rainey M. D. (Address) Baltimore City Hospital

28276

F 28276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *540 John* St. *17-V* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? *5* yrs. *5* mos. *5* ds.

2. FULL NAME

(a) Residence: No. *540 John* St., *17-V* Ward.

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced, write the word *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *William G. Gorse*6. DATE OF BIRTH (month, day, year) *May 11, 1857*7. AGE Years *79* Months *3* Days *7* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *70*12. BIRTHPLACE (city or town) (State or country) *MD*13. NAME *William G. Gorse*14. BIRTHPLACE (city or town) (State or country) *MD*15. MAIDEN NAME *Mildred Gorse*16. BIRTHPLACE (city or town) (State or country) *MD*17. INFORMANT *Mrs. G. Gorse*(Address) *540 John St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *MD* *Auburn Am* Date *10/21/36*19. UNDERTAKER *Bernard P. Demore*(Address) *1111 North Hill St.*

20. FILED

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/21/36* 1922. I HEREBY CERTIFY, That I attended deceased from *10/16/36* 19 to *10/18/36* 19Last saw him alive on *10/18/36* at *10:00 A.M.* to have occurred on the date stated above, at *10:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Other contributory causes of importance:

*Arteriosclerosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Pinicid* Date ofWhat test confirmed diagnosis? *Pinicid* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*(Signed) *G. G. Gorse* M. D.(Address) *1111 North Hill St.*

F 28277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28277

13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 3-1 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 10 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

Cinderetha Bentley

(a) Residence: No. 5 South Dallas St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 8, 1935

7. AGE Years _____ Months 10 Days 16 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Elot Bentley

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Mozella Phillips

16. BIRTHPLACE (city or town) Berkesfeld, Md
(State or country)

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 10/23/1936

19. UNDERTAKER Mrs. Frances A. Hemmley
(Address) 578 W. Biddle St.

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 14, 1936, to Oct 20, 1936

I last saw him alive on Oct 20, 1936. Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Date of onset

10-1-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Francis J. Schwaner M. D.

(Address) _____

121 1936

F 28278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Myrtle Ave St. 17-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Louise W. Semins

If U. S. Veteran specify WAR

(a) Residence: No.

1037 Myrtle Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced Widowed WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 17, 1866

7. AGE Years 70 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W.D.

FATHER

13. NAME Wm. Boggs

14. BIRTHPLACE (city or town) (State or country)

W.D.

MOTHER

15. MAIDEN NAME Louise Murdock

16. BIRTHPLACE (city or town) (State or country)

W.D.

17. INFORMANT

Della Cousins

(Address) 1037 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 10/22/1936

19. UNDERTAKER

Mrs. Frances A. Hemmley

(Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936 to Oct 19, 1936

I last saw her alive on Oct 19, 1936 Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes were as follows

Acute Myocarditis

Date of onset 7/7/36

Other contributory causes of importance:

Supraventricular tachycardia

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Pharynx

Date of

What test confirmed diagnosis? Pharynx

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If not specify No

(Signature) H. C. Ellis

M. D.

(Address) 924 Madison Ave

25. FILED

REGISTERED

OCT 21 1936

28279 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28279

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Fort ave St. 24-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 221 E Fort ave St., 24-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Thomas

6. DATE OF BIRTH (month, day, year) Feb. 28 1868

7. AGE 68 Years 7 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 030
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Warner Thomas

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT Mrs Mary Thomas (Address) 221 E Fort ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 10/24 1936

19. UNDERTAKER Mary and J. Flynn (Address) 2107 Hillen st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1936 to Oct 20 1936. I last saw him alive on Oct 20 1936 Death is said to have occurred on the date stated above, at 10:15P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 6mo.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. B. Whelple M. D.

(Address) 1279 William St

FILED 1936

H. E. Thomas

28280

F 28280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 William St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1312 William St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mary Joiner Neal6. DATE OF BIRTH (month, day, year) April 14, 18667. AGE Years 70 Months 6 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lenton, Md.13. NAME George R. Neal14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Phoebe Pierce16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Mrs. Mary Neal(Address) 1312 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lenton Md. Date 10/22 193619. UNDERTAKER Margaret E. Lynn(Address) 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 193622. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to October 20, 1936I last saw him alive on October 19, 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach.

Date of onset

March 14

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Henry F. Buettner M. D.(Address) 1319 Light St. Balto., Md.

21 1936

H

28281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28281

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Aliceanna Life

St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME CASPER ESLER

(a) Residence: No. 1537 Aliceanna (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Esler

6. DATE OF BIRTH (month, day, year) Aug. 22. 1856

7. AGE Years 80 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT rs. Margaret Smith (Daughter)

(Address) 1537 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Oct. 22. 1936

HENRY SANDER & SONS, INC. Long P. Sander

(Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936 to Oct. 19, 1936

I last saw him alive on Oct. 17, 1936 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Arterial Infarction

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Andrew Newman

M. D.

(Address) 2529 Eastern Ave.

FILED
21 1936

28282

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28282

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S Oldham St. Ward 7-7)Length of residence in city or town where death occurred 74 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 74 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret B. ArthurRegistered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 522 S Oldham St., Ward 7-7

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

(or) WIFE of

Thomas Arthur

6. DATE OF BIRTH (month, day, year)

Feb 1862

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

748

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

City of Baltimore

FATHER

13. NAME

John B. King

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Margaret King

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Edna M. Burns
522 S. Oldham St.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Cathedral

Date

Oct 22, 1936

19. UNDERTAKER

(Address)

John A. Moran
3000 C. Balt St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10/18/1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 15, 1930, to Oct 18, 1936I last saw her alive on Oct 17, 1936 Death is saidto have occurred on the date stated above, at 10 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

1930

Other contributory causes of importance:

Was an operation performed?

Yes Date of Aug 1930

For what disease or injury?

Carcinoma of Breast

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1930

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

A. C. Summich M. D.

(Address)

4108 Liberty / Ygn

21 1936

Registrar

28283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28283

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospitals* St., *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran

Specify WAR

2. FULL NAME *Lawrence Thomas*(a) Residence: No. *103 Market Place* St., *4-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *unknown*6. DATE OF BIRTH (month, day, year) *unknown*7. AGE Years *40* Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *unknown*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *unknown* (State or country)13. NAME *unknown*14. BIRTHPLACE (city or town) *unknown* (State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *unknown* (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Unit 100*Date *Oct 21*

1913

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/19*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Perforated gastric ulcer *9/29/36*

Other contributory causes of importance:

Broncho pneumonia *9/29/36*Was an operation performed? *Yes*Date of *9/29/36*For what disease or injury? *Perf. gastric ulcer*Name of operation *Repair of hole in stomach*Date of *9/29/36*What test confirmed diagnosis? *Autopsy*Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *0* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify *0*(Signed) *Edwin B. Halliday*(Address) *1031 St Paul St*

City, D.

21 1936

2673

OCCUPATION is very important. See instructions on back of certificate.

F 28284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred . yrs. . mos. . da. How long in U. S. If of foreign birth? . yrs. . mos. . da.

2. FULL NAME

(a) Residence: No. *630 S. Fremont Ave.*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <i>male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>X</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Sept 10 1909</i> | | |
| 7. AGE <i>27</i> | Years <i>1</i> | Months <i>9</i> |
| Days <i>9</i> | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>X</i> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| 11. Total time (years) spent in this occupation <i>0040</i> | | |

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *James*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Jane*16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT *Mary Sorell*(Address) *630 S. Fremont Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Auburn* Date *Oct 24 1936*19. UNDERTAKER *Joseph A. Lynch*(Address) *44991 Mount Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 19 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. M. W. Jones*

Coroner

M. D.

(Address) *1010 S. Belmont Ave.*

F 21 1936

Revised

F 28285

F 28285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Abbottston St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Louise Sweeney6. DATE OF BIRTH (month, day, year) June 1st 18537. AGE Years 83 Months 4 Days 18 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME John Sweeney14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Mary Kelley16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Arthur Sweeney (Address) 1716 Abbottston St18. BURIAL, CREMATION, OR REMOVAL Woodland Park Date Oct 22nd 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 21-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 193622. I HEREBY CERTIFY, That I attended deceased from October 4, 1936 to October 19, 1936I last saw him alive on October 19, 1936 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Interarteriole Cardis
-Vascular Renal
Disease1926

Other contributory causes of importance:

Coronary ThrombosisOct 191936Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Date ofWhat test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas W. Edwards M. D.(Address) 2746 Alameda Blvd

OCCUPATION is very important. See instructions on back of certificate.

28286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Barclay St. St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

If U.S. Veteran

specify War

No Record

2. FULL NAME

Edgar A. Biggs(a) Residence: No. 1713 Barclay St. St. 12-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) May 7th 19137. AGE Years 23 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, saw, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 193311. Total time (years) spent in this occupation 5-6 yrs12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Edgar S. Biggs14. BIRTHPLACE (city or town) (State or country) Richmond, Virginia

MOTHER

15. MAIDEN NAME Ethel E. McCuskey16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland17. INFORMANT Patient's Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place BaltoDate Oct 22nd 193619. UNDERTAKER Wm Cook(Address) 1217 St. Paul St

21 1936

William Williams, Jr.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 193622. I HEREBY CERTIFY, That I attended deceased from October 15, 1936, to October 20, 1936.I last saw him alive on October 18, 1936. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Bilateral)

Date of onset

Unknowninfect.2-3 yrs(?)

Other contributory causes of importance:

Pleurisy (Tbc origin)2 daysWas an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Flynn

If so, specify

(Signed) Philip D. Flynn, M. D.(Address) 4236 North Ave.

28287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28287

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby SherryIf U. S. Veteran
specify WAR(a) Residence: No. 1039 Chapel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 13, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Charles Sherry14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Anna Brown16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place G. H. Med. School Date Oct 21, 1936

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1936 to Oct 13, 1936I last saw him alive on Oct 13, 1936. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
St. H. B. A.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Bowditch M. D.
(Address) The Johns Hopkins Hospital

21 1936

2674

3F 5270
F 28288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28288

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Girl Brown(a) Residence: No. 905 N Caroline

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 6-23-367. AGE Years Months Days If LESS than 1 day, hrs. or min. 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Infant12. BIRTHPLACE (city or town) (State or country) Ind13. NAME Wilbert14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Olivia16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place H. Med. SchoolDate Oct. 21

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 193622. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to Oct 12, 1936I last saw her alive on Oct 12, 1936. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Aspiration Pneumonia;

Date of onset

10-12

Other contributory causes of importance:

Upper respiratory Infection & coughing.10-10Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. C. Stiles Jr.

M. D.

(Address) Johns Hopkins Hospital

21 1936

2675

F 28289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Appleton St., 16-4 Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Rev. Washington Raab
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 81 Months 9 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Dec 23rd 1954
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Hanover Pa.
(State or country)13. NAME Fredrick Simon
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Paul Knorr
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs Mary Leydecker
(Address) 2545 Francis St18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10/24/3619. UNDERTAKER Rev. Nelson & Son
(Address) 2503 Edmondson Ave20. DATE OF DEATH 21-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/36 1922. I HEREBY CERTIFY, That I attended deceased from 7-21-36 19 to Oct 21 1936I last saw him alive on Oct 20 1936 19. Death is said to have occurred on the date stated above, at 130 a.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical substance of noWhat test confirmed diagnosis Clinical substance Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. Charles B. Clark M. D.
(Address) 3214 Piedmont St

28290 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28290

CERTIFICATE OF DEATH

17970

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Patty

(a) Residence: No. 1512 Brevard St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Amanda
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Meryia ?

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 10/23 1936

19. UNDERTAKER Mrs. Frances A. Hemaley
(Address) 578 W. Middle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1936 to 10-20 1936

I last saw him alive on 10-20 1936 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

unk

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

CT 21 1936

F 28291 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28291

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(Mrs.) Mary Mueller Bartel

(a) Residence: No. 926 E. Biddle

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar A. Bartel

6. DATE OF BIRTH (month, day, year) Dec 2, 1869

7. AGE Years 66 Months 10 Days 19 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Mo.

13. NAME Sally Mueller 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Lisette Schmidt 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Oscar A. Bartel (Address) 926 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Louisa Park Date Oct 24, 1936

19. UNDERTAKER Henry St. John & Sons Co. (Address) 722 E. Enoch & Orchard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1936 to October 21, 1936

I last saw her alive on October 21, 1936 Death is said to have occurred on the date stated above, at 4:51 A.M.

The principal cause of death and related causes of importance were as follows:
Acute gastritis with colitis
Acute intestinal obstruction

Other contributory causes of importance: Uremia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

Signed Philip L. Frankel

(Address) Union Memorial Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

CT 22 1936

28292

F 28292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Battery Ave St., 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 24 yrs. 0 mos. 0 ds.

2. FULL NAME

Hester E. WingateIf U. S. Veteran
specify WAR(a) Residence: No. 1115 Battery Ave St., 24-2 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of William R. Wingate
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 17th 18857. AGE Years 51 Months 5 Days 34 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloodsworth
(State or country) Ind. - Island13. NAME John Evans Holliday14. BIRTHPLACE (city or town) Ind. -
(State or country)15. MAIDEN NAME Mary E. Bloodsworth16. BIRTHPLACE (city or town) Ind. -
(State or country)17. INFORMANT Delma Edley
(Address) 5151 Spruce Rd18. BURIAL, CREMATION, OR REMOVAL Arboretum
Freemantown Cambridge Md Date Oct 23, 193619. UNDERTAKER Chenoweth
(Address) 36517 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-193622. I HEREBY CERTIFY. That I attended deceased from 4-4-1936 to 10-20-1936I last saw her alive on 10-20-1936 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

acute salmonary tuberculosis

Other contributory causes of importance:

Date of onset

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James Brown
705 Medical Bldg

M. D.

OCCUPATION is very important. See instructions on back of certificate.

V 3 3

OCT 22 1936

28293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28293

17971

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Andrew Gibson

(a) Residence: No. Homeless St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race wife 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arbutus

6. DATE OF BIRTH (month, day, year) 7/30/04

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min. 32 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo. (State or country)

13. NAME Andrew Gibson

14. BIRTHPLACE (city or town) Ill. (State or country)

15. MAIDEN NAME Eliza. Morris

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1936, to 10-18 1936

I last saw him alive on 10-18 1936 Death is said to have occurred on the date stated above, at 4:53 P. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with mitral stenosis

Date of onset

3 yrs +

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

John F. Ramsey M. D.
Baltimore City Hospital

T 22 1936

F 28294 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28294

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Warren

(a) Residence: No. 18 N. Caroline St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated

6a. If married, widowed, or divorced, name of HUSBAND or WIFE of

6. DATE OF BIRTH (month, day, year) October 23, 1906

7. AGE Years 29 Months 11 Days 25 If LESS than 1 day, hrs. min.

8. Trade, occupation, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. 10. Date deceased last worked in this occupation (month or year) 11. Total time (years) spent in this occupation 20 40

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Eddie Warren

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lizzie Parker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR OTHER DISPOSAL Place 116 C. F. (C. F. R. P.) Date 10/23/36

19. UNDERTAKER R. C. PICHARDSON & CO. INC. 1120 ORIENTAL AVE

CT 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1936, to October 18, 1936. I last saw him alive on October 18, 1936. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis Date of onset June 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify

Signed: Leon H. Feldman M. D.

(Address) Baltimore City Hospital

28295

HEALTH DEPARTMENT—CITY OF BALTIMORE 28295

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sylvia G. Bartner

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

No Record(a) Residence: No. *4133* *Everman Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If ~~married~~ widowed, ~~divorced~~ (or) WIFE of *Rayman W. Boston*6. DATE OF BIRTH (month, day, year) *Jan. 5, 1896*7. AGE Years *40* Months *9* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *U. S. Govt*
10. Date deceased last worked *Oct 1936* this occupation (month and year)
11. Total time (years) spent in this occupation *1*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Sylvanus Gray*
14. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*15. MAIDEN NAME *alice Frederick*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*17. INFORMANT *Mildred C. Williams* (Address) *5609 Bella Vista Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge* Date *Oct 23* 19 *36*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 21*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 18,* 19 *36*, to *Oct. 21*, 19 *36*I last saw her alive on *Oct. 21*, 19 *36*. Death is said to have occurred on the date stated above, at *11²⁵* A. M.

The principal cause of death and related causes of importance were as follows:

Aortic - Oesophageal Fistula
hemorrhage thru S.I. tract
Infarct Left Kidney
Emboli in Rt. Leg with gangrene at leg

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. H. Gillis M. D.
Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

CT 22 1936

F.D. 28296

F 28296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 2-3 St., 34B-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME

Antoni Katakulas

If U. S. Veteran

specify WAR

(a) Residence: No. 1720 Thames St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Anna
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 18 18927. AGE Years 43 Months 11 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Breice
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME 1116. BIRTHPLACE (city or town) 11
(State or country)17. INFORMANT Mr. Anna Katakulas
(Address) 1720 Thames St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/23/193419. Funeral Home20. Funeral Home21. Funeral Home22. Funeral Home23. Funeral Home24. Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

ruptured aortic aneurism

Other contributory causes of importance:

Pulmonary tuberculosis?Was an operation performed? no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19 noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ANN Wright

Coroner

M. D.

(Address) 1010 S. 3rd St. W.

OCCUPATION is very important. See instructions on back of certificate.

20. FILED

Registrar.

28297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28297

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Bray Fowlkes(a) Residence: No. 1020 J. St.
(Usual place of abode)

St.,

Ward. Sparrows Point
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of matric6. DATE OF BIRTH (month, day, year) Jan 4/26/18997. AGE Years 67 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Henry ?14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) N. C.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Keyserville Va Date Oct 22 193619. UNDERTAKER Archibald C. Gaddy
(Address) 2101 N. E. Gull St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-21, 193622. I HEREBY CERTIFY. That I attended deceased from Oct-13-, 1936, to Oct-21-, 1936I last saw him alive on Oct-21, 1936. Death is said to have occurred on the date stated above, at 3:15 A.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset
1 yr. ago

Other contributory causes of importance:

ArteriosclerosisWas an operation performed? yes Date of 10-17-36For what disease or injury? Carcinoma stomachWhat test confirmed diagnosis? Quatern Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

David H. Spring Jr. M. D.
(Address) Johns Hopkins Hospital

CT 27 1936

F 28298 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28298

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Arlington Ave Ward 16)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Taliaferro

(a) Residence: No. 817 N. Arlington Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 7-16-1903

7. AGE Years 33 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 20
10. Date deceased last worked at this occupation (month and year) 6-1-1936 11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) Northumberland Co. Va (State or country)

13. NAME William Taliaferro
14. BIRTHPLACE (city or town) Northumberland Co. Va. (State or country)

15. MAIDEN NAME Addie Diney
16. BIRTHPLACE (city or town) Northumberland Co. Va. (State or country)

17. INFORMANT Addie Taliaferro Brice (Address) 817 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date Oct. 23, 1936

19. UNDERTAKER Charles G. Cooper (Address) 514 N. Calhoun St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Oct. 20, 1936

I last saw him alive on Oct. 19, 1936 Death is said to have occurred on the date stated above, at 12.10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary phthisis ?

Other contributory causes of importance:

Pulmonary hemorrhage

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Clinical Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) H. Maceo Williams M. D.
(Address) 201 N. Carey St.

OCT 22 1936

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 28299

F 28299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 113 No. Carey St. Temporary St.,

If U.S. Veteran specify WAR

Ward Linthicum Heights

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Elmon A. Adams
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 1873

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 63 | 4 | 12 | |

| | | |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housewife |
|------------|---|-----------|

| | | |
|------------|--|--|
| OCCUPATION | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
|------------|--|--|

| | | |
|------------|---|---|
| OCCUPATION | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|------------|---|---|

12. BIRTHPLACE (city or town) Washington D. C.
(State or country)

13. NAME Caleb L. Saers

14. BIRTHPLACE (city or town), New Jersey
(State or country)

15. MAIDEN NAME Ruth Bramley

16. BIRTHPLACE (city or town), Delaware Co.
(State or country) New York17. INFORMANT Mr. Elmon A. Adams
(Address) 113 No. Linthicum Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship A.A. Co. Date Oct. 23 1936

19. UNDERTAKER William J. Pickner & Sons
(Address) Rock & Penna Aves.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 20 1936

I last saw h. alive on Oct 20 1936 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

Appendicular abscess
Intestinal perforation
Generalized peritonitis

Date of onset

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? Yes Date of Oct 8, 1936

For what disease or injury? Abdominal

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. M. D. University Hospital

(Address)

F 28300

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28300

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. General Hospital

CITY OF BALTIMORE: (No.

Room 234

St. 16-8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Adeline Kunkel

If U. S. Veteran specify WAR

(a) Residence: No.

3801 Belmont Drive

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Richard D. Kunkel

6. DATE OF BIRTH (month, day, year)

Oct. 3, 1897

7. AGE

39

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

13. NAME

Henry Butler

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Millie Coleman

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

Richard D. Kunkel

(Address)

3801 Belmont Drive

18. BURIAL, CREMATION, OR REMOVAL

Place

Sandore Park

Date

Oct 23 1936

19. UNDERTAKER

John O. Miller

(Address)

2700 Edmondson Ave

20. DATE

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10-20-36

22. I HEREBY CERTIFY, That I attended deceased from

10-15-

1936, to

10-20-1936

I last saw her alive on 10-20, 1936 Death is said

to have occurred on the date stated above, at 11:06 P.M.

The principal cause of death and related causes of importance were as follows:

Bacterial infection

Date of onset 1936

Other contributory causes of importance:

Emphysema

10-20-1936

Was an operation performed?

Yes

Date of 10-19-36

For what disease or injury?

Bacterial infection

Name of operation

Bacterial infection

Date of 10-19-36

What test confirmed diagnosis? Operation was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. H. Ewald Jr. M.D.
Maryland Gen'l Hosp.

28301

F 28301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Mount St. St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William August Schwenk

If U. S. Veteran

specify WAR

(a) Residence: No.

314 S. Mount St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of Johanna Gertzinger Schwenk
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 29, 1855.

7. AGE

81

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME Jacob Schwenk

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME Caroline Bitcer

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mrs. Johanna Schwenk

(Address)

314 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Paul's, Violatville 10/22/36

19. UNDERTAKER

(Address)

Harry F. Witzke
101 Edmondson Ave.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/36 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1936 to Oct. 19, 1936

I last saw him alive on Oct. 18, 1936. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatous

Date of onset

(7)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Sign. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. V. Dipeen M. D.
1326 W. Lombard St.

(Address)

CT 22 1936

F 28302

F 28302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 N. Payson St., 13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds. If U. S. Veteran specify WAR _____

2. FULL NAME Leah Schulzinger(a) Residence: No. 1642 N. Payson St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Jacob (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE Years 52 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Palestine (State or country) _____FATHER 13. NAME Samuel14. BIRTHPLACE (city or town) Russia (State or country) _____MOTHER 15. MAIDEN NAME Brind16. BIRTHPLACE (city or town) Russia (State or country) _____17. INFORMANT Sol Schulzinger (Address) 1642 N. Payson St.18. BURIAL, CREMATION, OR REMOVAL Place Palestine Date 10/27/3619. UNDERTAKER Jack Lewis (Address) 1143 E. Baltimore10

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Oct 21, 1936I last saw her alive on 10/21, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Monocytic LeukemiaDate of onset 7/7/36

Other contributory causes of importance:

Secondary AnemiaWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) Samuel Morrison M. D.(Address) 1013 N. Charles St.

283036
3194

F 28303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 Ward)Registered No. 46-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 18 mos. 18 ds. How long in U. S. If of foreign birth? 18 yrs. 18 mos. 18 ds.2. FULL NAME Gordon Lindamood(a) Residence: No. Haranna, Cuba

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3/6/857. AGE Years 51 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Fred Lindamood14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laura Boehm16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, Va. Date Oct. 22, 193619. UNDERTAKER John O. Mitchell & Sons, Inc.(Address) 1900 Easton Place - M.B.M.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936 to Oct 21, 1936I last saw him alive on Oct 21, 1936 Death is said to have occurred on the date stated above, at 1:20 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus?
gastrostomy 10/8/36

Date of onset

August
1936

Other contributory causes of importance:

Breast pain (Post-operative)
metastasisWas an operation performed? Yes Date of 10/8/36For what disease or injury? Carcinoma of esophagus

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Donald Harker

M. D.

(Address) Johns Hopkins Hospital

T 22 1936

28304 HEALTH DEPARTMENT—CITY OF BALTIMORE 28304

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Fulton Ave. St., 16-3 Ward)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 1 mos. 13 ds.

2. FULL NAME George A. Simms

(a) Residence: No. 631 N. Fulton Ave. St., 16-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 134-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Josephine Burch (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1870

7. AGE 65 Years 66 Months 10 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocers
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leonardstown, Md. (State or country) St. Mary's Co., Md.

13. NAME George A. Simms
14. BIRTHPLACE (city or town) St. Mary's Co., Md. (State or country)

15. MAIDEN NAME Mary C. Combs
16. BIRTHPLACE (city or town) St. Mary's Co., Md. (State or country)

17. INFORMANT Josephine Simms (Address) 631 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Oct. 23, 1936

19. UNDERTAKER George J. Smith 1900 E. Pratt St. MBM

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Oct 20, 1936

I last saw him alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Coronary disease
symptoms within
5-6 mos.

Date of onset

Other contributory causes of importance:

Broncho pneumonia

5d

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Carroll Louard M. D.

(Address) 4 E. Preston St.

28305 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28305

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Mt. Royal Ave. St. 13-2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Ivah Thomsen

(a) Residence: No. 1928 Mt. Royal Ave. St. 13-2 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Alice W. Sawyer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1860

7. AGE Years 75 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John J. Thomsen

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Emma L. Lilly

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Alice W. Sawyer Thomsen (Address) 1928 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem Date Oct. 23, 1936

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Rutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to Oct 20th 1936

I last saw him alive on Oct. 1st 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary embolism
Myocardial infarction

Date of onset

Oct 1st/36

Oct 1st 1936

Other contributory causes of importance:

arterio sclerosis

hypertension

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. A. Chatard
1300 N. Calvert St.

M. D.

22 1936

F 28306

F 28306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St. 12 Ward)Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Homewood Apts. St. 12 Ward. 0 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of Mary C. Ditch (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 13, 18607. AGE 75 Years 11 Months 7 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Canada13. NAME George B. Eddy14. BIRTHPLACE (city or town) Conn. (State or country)15. MAIDEN NAME Emma McLellan16. BIRTHPLACE (city or town) Nova Scotia (State or country)17. INFORMANT Howard E. Eddy (Address) Mayfair Apts., Flushing, N.Y.18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem'ty Date Oct. 22, 193619. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 193622. I HEREBY CERTIFY. That I attended deceased from July 22, 1936 to October 20, 1936I last saw him alive on October 20, 1936. Death is said to have occurred on the date stated above, at 7.25 P. M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of the Liver.
(Non-alcoholic)

Date of onset

Un-
known.

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 13, '36
For what disease or injury? Ascites (Paracentesis)What test confirmed diagnosis? — Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Frederick A. Orin M. D.
(Address) 2827 N. Calvert St.

F 22 1936

F 28307

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28307

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *768 Carlton* St., *18-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Julia E. Powell
26 S. Carlton St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Theodore Powell*6. DATE OF BIRTH (month, day, year) *May 19, 1866*7. AGE Years *70* Months *5* Days *1* If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Annapolis, Md.*13. NAME *Theodore Burke*14. BIRTHPLACE (city or town) (State or country) *Ma.*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *Ma.*17. INFORMANT *Bessie Powell*(Address) *26 S. Carlton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion* Date *Oct 23, 1936*19. UNDERTAKER *Mrs. Katie R. Williams*(Address) *322 S. Schuyler St*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 17, 1936* to *Oct 19, 1936*I last saw him alive on *Oct 19, 1936*. Death is said to have occurred on the date stated above, at *9.45 P.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic glomerular nephritis with essential hypertension. (Worsened from history about five months) 7 days before death.

Other contributory causes of importance:

*Generalized arteriosclerosis*Name of operation *na* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. D. Williams*(Address) *726 E. 23rd St.*

M. D.

T 22 1936

OCCUPATION is very important. See instructions on back of certificate.

28308

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28308

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *915 Franklin* St., *18-1* Ward)Length of residence in city or town where death occurred *16* yrs. *8* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Leoston

(a) Residence: No.

915 Franklin

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb-17-1920*7. AGE Years *16* Months *8* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *June 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Arthur Leoston*14. BIRTHPLACE (city or town) (State or country) *Troop md*15. MAIDEN NAME *Lora Branch*16. BIRTHPLACE (city or town) (State or country) *Hallifax*17. INFORMANT *Cora Leoston* (Address) *915 Franklin St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *Oct 22, 1936*19. UNDERTAKER *Mrs Katie R Williams* (Address) *222 N. Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 19, 1936*

22. HEREBY CERTIFY, That I attended deceased from

*Sept 24, 1936 to Oct 19, 1936*I last saw her alive on *Oct 16, 1936* Death is saidto have occurred on the date stated above, at *845A* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
since June 1936.

Other contributory causes of importance

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *no* Date of *Physical*What test confirmed diagnosis? *Physical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Wm. H. Wright

M. D.

(Address)

1209 P. Sherman St

OCCUPATION is very important. See instructions on back of certificate.

CT 22 1936

F 28309

F 28309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 24-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Harold R. Pinkind (14357)(a) Residence: No. 627 Harvey Street
(Usual place of abode)St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|--|
| 3. SEX <u>M</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|--------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 13, 1902

| | | | | |
|--------|-----------|----------|----------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day..... hrs. or..... min. |
| | <u>34</u> | <u>1</u> | <u>7</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.13. NAME Marshall V. Pinkind

14. BIRTHPLACE (city or town) (State or country)

Md.15. MAIDEN NAME Daisy Hedaway

16. BIRTHPLACE (city or town) (State or country)

Md.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt OlivetDate Oct 23, 193619. UNDERTAKER Robt C. B. M. Walters
(Address) Pratt & StricklandHuntington Williams, Jr.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 193622. I HEREBY CERTIFY. That I attended deceased from May 26, 1936 to October 20, 1936I last saw him alive on October 20, 1936. Death is said to have occurred on the date stated above, at 10: A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of LungsDate of onset
Jul. 1935

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?

What test confirmed diagnosis? Clinical Where an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Dean H. Feldman

M. D.

(Address) Baltimore City Hospitals

CT 22 1936

28310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28310

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No.)

St., 2-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Anna Maria Blasetti

(a) Residence: No. 201 S. Broadway

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Late Pietro Blasetti (or) WIFE of July 26 1861

6. DATE OF BIRTH (month, day, year)

7. AGE 75 Years 3 Months 24 Days If LESS than 1 day, hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ortichio-Aquila (State or country) Italy

13. NAME Andrea Contestabile 14. BIRTHPLACE (city or town) Ortichio Aquila (State or country) Italy

15. MAIDEN NAME Maria Vincenza Irti 16. BIRTHPLACE (city or town) Ortichio-Aquila (State or country) Italy

17. INFORMANT Pietro De Nicola (Address) 201 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ch. Oct. 23 1936

19. UNDERTAKER Frank Della Rose (Address) 52 N. Mott St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial asthma

Other contributory causes of importance:

Acute suppurative bronchitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) A. W. Wright (Address) 1010 S. Second Ave

M. D.

OCCUPATION is very important. See instructions on back of certificate.

FILED

22 1936

D. B. 1263
F 28311

✓ F 28311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) St. 14-3 Ward

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wilbur Everett Selph

(a) Residence: No. 1333 W. Pratt St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 12, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Wilbur O. Selph 14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Virginia Crandall 16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs. Wilbur O. Selph (Address) 1333 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Oct. 23, 1936

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diarrhea and Enteritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Coroner

(Address) 2757 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

v s o

22 1936

F 28312 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28312

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 13-33 Ward)
Baltimore, Maryland

Length of residence in city or town where death occurred lifetime yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME Clarence E. Peregoy (Clarence Ellsworth Peregoy)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR World War

(a) Residence: No. 2560 Woodbrook Ave. Balto., St. 13-33 Ward.
 (Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married Divorced

5a. If married, widowed, or divorced HUSBAND of Anna May Coleman (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 21, 1899

7. AGE Years 37 Months 36 Days 17 If LESS than 1 day, hrs. 28 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

13. NAME John Peregoy

14. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

15. MAIDEN NAME Julia A. Smith

16. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland

18. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

19. UNDERTAKER Joseph H. Cook (Address) 1007 W. Baltimore St.

20. FIELD 111 (Address) U.S. Marine Hospital, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1936

I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to October 19, 1936

I last saw him alive on October 19, 1936 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
Mitral & aortic stenosis

Other contributory causes of importance: cerebrae
Cerebral embolism, left anterior
Pulmonary embolism, terminal

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. 14 a dum M. D.

(Address) U.S. Marine Hospital, Baltimore,

CT 22 1936

F 28313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Jella*

7. DATE OF BIRTH (month, day, year)

7. AGE

Years *48*

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-21-36* 19

22. I HEREBY CERTIFY, That I attended deceased from

10-17 1936, to *10-21* 1936

I last saw him alive on *10-21* 1936 Death is said

to have occurred on the date stated above, at *5:17 P.M.*

The principal cause of death and related causes of importance were as follows:

*Acute cardiac collapse
pulmonary edema
Secondary anemia*

Other contributory causes of importance:

Abdominal mass

Date of onset

10-21-36

10-21-36

Was an operation performed? *no* Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____ Was there an autopsy? *no*

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *Paul G. Pearson* M.D.
(Address) *1434 E. Baltimore*

10/22/36
1434 E. Baltimore
10/22/36

28314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28314

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp* St. *15-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

*Mary Brocato*If U.S. Veteran
specify WAR _____(a) Residence: No. *1542 McKean Ave* St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *S*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of *L*6. DATE OF BIRTH (month, day, year) *3-29-36*7. AGE Years Months Days If LESS than
5 *6* *22* *23* 1 day. _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Balto Md.*
(State or country)13. NAME *Jacob Brocato*14. BIRTHPLACE (city or town) *Balto*
(State or country)15. MAIDEN NAME *Mary V. Schauer*16. BIRTHPLACE (city or town) *Balto*
(State or country)17. INFORMANT *Hosp. Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Ave* Date *Oct 23, 1936*19. UNDERTAKER *Charles P. Towell*
(Address) *2421 Schumacher Ave*

20. FILER _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

33. _____

34. _____

35. _____

36. _____

37. _____

38. _____

39. _____

40. _____

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

47. _____

48. _____

49. _____

50. _____

51. _____

52. _____

53. _____

54. _____

55. _____

56. _____

57. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-22-1936*22. I HEREBY CERTIFY, That I attended deceased from *10-5-1936* to *10-22-1936*I last saw her alive on *10-21-1936* Death is said to have occurred on the date stated above, at *1:15A* m.

The principal cause of death and related causes of importance were as follows:

Probable bacillary dysentery (organism not isolated)

Date of onset

*9-25-36*Other contributory causes of importance: *none*Was an operation performed? *no* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

Signed _____

M. D.

(Address) *Mercy Hosp, Balto*

CT 22 1936

28315

F 28315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Hanover St. St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. — ds. — How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Williams.

If U. S. Veteran specify WAR

(a) Residence: No. 815 Hanover St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | Colored | Widow |
| 6a. If Married, Widowed, or Divorced, name of husband or wife of Lesley Williams. | | |

6. DATE OF BIRTH (month, day, year) December 22, 1891

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 44 | 10 | 27 | |

| | | |
|------------|---|-------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | None. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Rockey Point, N.C. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Ruth Forbes. (c) daughter. (Address) 203 W. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 23, 1936

19. UNDERTAKER James A. Jones (Address) 1414 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio asthma.

Other contributory causes of importance:

Was an operation performed? No Date of

for what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

(Address) 1017 S. Charles St. Coroner

Registrar

T 22 1936

OCCUPATION is very important. See instructions on back of certificate.

28316 HEALTH DEPARTMENT—CITY OF BALTIMORE 28316

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E. Federal St. Ward 8-6)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Martha Ann Walstrom
(a) Residence: No. 1627 E. Federal St. Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Wm. Marshall Walstrom (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 30, 1862

7. AGE Years 74 Months 5 Days 21 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 7 yrs. Balto. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

13. NAME John Horvath

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

15. MAIDEN NAME Helen Redmond

16. BIRTHPLACE (city or town) Balto., Md. (State or country)

17. INFORMANT Mrs. Luke Wroten (Address) 1627 E. Federal

18. BURIAL, CREMATION, OR REMOVAL Place St. Carmel Date Oct. 24, 1936

19. UNDERTAKER Chas. H. H. H. H. (Address) 714 E. Federal St.

20. FILE NO. 227836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14- 1931, to 10-21- 1936

I last saw her alive on 10-20- 1936 Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma breast

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Pro. B. Sybert M. D. (Address) 2802 Harford Ave

28317

HEALTH DEPARTMENT—CITY OF BALTIMORE

28317

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkeson* St. *Ward 6*)Registered No. *34-59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Stella Collins

If U.S. Veteran specify WAR

(a) Residence: No. *531**S. Caton St.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
| 6a. If married, widowed, or divorced, give name of HUSBAND or (or) WIFE of <i>Stella Collins</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>11-22-88</i> | | |
| 7. AGE <i>49</i> | Years <i>9</i> | Months <i>28</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *John Snyder*14. BIRTHPLACE (city or town) *Loma*
(State or country)15. MAIDEN NAME *Stella Williams*16. BIRTHPLACE (city or town) *MD*
(State or country)17. INFORMATION *San Francisco*
(Address) *1435 Market Blvd*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *John A. Taylor*
(Address) *Fulton & Taylor*

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) <i>10/20/1936</i> |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>October 18, 1936, to October 20, 1936.</i> I last saw her alive on <i>October 20, 1936</i> Death is said to have occurred on the date stated above, at <i>1:55 p.m.</i> The principal cause of death and related causes of importance were as follows: <i>Arterio-sclerotic Heart Disease</i> <i>Senile Heart Disease</i> <i>Diabetes Mellitus</i> <i>Acute Heart Failure with Mural Thrombus</i> Other contributory causes of importance: <i>Syphilis</i> |
| Date of onset <i>1933</i> <i>1934</i> <i>?</i> <i>10/19/36</i> <i>?</i> |

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical*Is there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Louis S. Flewellyn

(Address)

St. Agnes Hospital

61-62-130

F 28318

28318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5808 York Road St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 5808 York Road St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hertel

6. DATE OF BIRTH (month, day, year) Jan. 26-1866

7. AGE Years 70 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William Hutchins

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary Schupp

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT John Hertel (Address) 5808 York Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Gwynns Park, Cem. Date Oct. 24, 1936

19. UNDERTAKER George W. Ziegler (Address) 1737 E. Eagle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1936, to Oct 22, 1936.

I last saw him alive on Oct 21, 1936. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Date of onset

Other contributory causes of importance:

Coronary heart disease, angina pectoris

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Lyman J. Abbotts

M. D.

(Address)

3939 Guilford Ave

2 1936

28319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28319

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U.S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. George Thornhill Meritt Ave Dundalk Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Un5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) Unknown7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Unknown
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Unknown
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Oct. 22, 193619. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 193622. I HEREBY CERTIFY, That I attended deceased from 10/11/36 1936 to 10/16, 1936I last saw him alive on 10/16, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Hypertension C-V disease
ArteriosclerosisDate of onset
10/11/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S. Dickey M. D.(Address) University Hosp

22 1936

2677

H

F 28320

✓ F 28320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Roberts(a) Residence: No. 1322 Mosher St. St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) On 15/367. AGE Years Months Days If LESS than 1 day, hrs. or min. 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME William Roberts14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Alice Thompson16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT William Roberts
(Address) 1322 Mosher St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Uniq. Md. Date Oct. 22 1936

19. UNDERTAKER

(Address) _____

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936 to Oct. 17, 1936I last saw him alive on Oct. 17, 1936. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Data of onset

Other contributory causes of importance: _____

Was an operation performed? NO. Date of _____

For what disease or injury? _____

What test confirmed diagnosis? clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of, deceased? _____

NO. If so, specify _____(Signed) W. H. Murray M. D.(Address) University Hospital

FILED

22 1936

2676

28321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28321

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-1* Ward)Registered No. *34-124-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen Bennett

If U.S. Veteran specify WAR

(a) Residence: No. *Woodstock*

(Usual place of abode)

St.

Ward *Woodstock, Md.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug. 18 1916*7. AGE Years *22* Months *2* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *Gabriel Bennett*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Emma Jones*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT (Address) *Hospital Records*18. BURIAL, CREMATION, OR REMOVAL *St. Alphonsus Woodstock Md. 10-24-36*19. UNDERTAKER (Address) *Bernard C. Harle 21 E. West St.*

22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22 1936*22. I HEREBY CERTIFY. That I attended deceased from *Oct. 20 1936 to Oct. 22 1936*I last saw her alive on *Oct. 22 1936* Death is said to have occurred on the date stated above, at *9 A. m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver - Toxic

Date of onset?

Other contributory causes of importance:

Syphilis

?

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Wass.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

M. H. Ellis
Mercy Hospital

M. D.

(Address)

F 28322

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28322

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins & Caton St. #3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Kelly Stein

If U.S. Veteran
specify WAR

(a) Residence: No.

Westminster, P.F.D. St. #3

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Harry Stein

6. DATE OF BIRTH (month, day, year)

Dec. 26, 1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

62

9

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Nathan Frank Levi

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Sally Shuey

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Mr. Harry Stein
P.F.D. Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. James City

Date

Oct. 25, 1936

19. UNDERTAKER

(Address)

C. M. Maltz
Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

October 13, 1936, to October 22, 1936

I last saw him alive on October 22, 1936. Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease with Acute Decompensation

Date of onset

10-20-36

Other contributory causes of importance:

1. Ventral Abdominal Hernia

2. Chronic Appendicitis

Was an operation performed? Yes Date of Oct. 17, 1936

For what disease or injury? Ventral Abdominal Hernia

Chronic Appendicitis

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Lawrence J. Schuman M. D.

(Address) St. Agnes Hospital

22 1936

Registrar

28323

F 28323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Grop* St. *13-6* Ward)Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds. If U. S. Veteran specify WAR *No Record*

2. FULL NAME

(a) Residence: No. *3528 Reservoir Rd* St., *13-6* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Adeliah Harrison*6. DATE OF BIRTH (month, day, year) *Mar 22nd 1884*7. AGE Years *52* Months *7* Days *0* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Welder Clean*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Queen City Co*10. Date deceased last worked at this occupation (month and year) *Oct 1936* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Catonsville Md* (State or country)13. NAME *John Harrison*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Elizabeth*16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Henry Harrison* (Address) *3528 Reservoir Rd*18. BURIAL, CREMATION, OR REMOVAL Place *London Md* Date *Oct 24th 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22nd 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture - Both femurs
Fr. Skull
Fr. Ribs 5-6-7-8
Law - Force

Other contributory causes of importance:

Was an operation performed? *cl* Date of *10/22/36*For what disease or injury? *cl* Name of operation *cl* Date of *10/22/36*What test confirmed diagnosis? *cl* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *cl* Date of injury *10/22/36*Where did injury occur? *Bulto. Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Industry - Gas & Elec. Bldg.*Manner of injury *Fall from 5th floor to city*Nature of injury *see above*24. Was disease or injury in any way related to occupation of deceased? *yes* If so, specify *Asphalt while at work*(Signed) *Ernest B. McAllister M.D.* (Address) *1031 St Paul St*

FILED

19

Registrar

23 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28324

F 28324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *412 E 20th* St. *17-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Kate Reckemberger

If U. S. Veteran

specify WAR

No Record(a) Residence: No. *412 E 20th*

(Usual place of abode)

St., *Life*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *John E. Reckemberger* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 21 1868*7. AGE Years *67* Months *10* Days *—* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At home* 10. Date deceased last worked at this occupation (month and year) *Aug 1 1935* 11. Total time (years) spent in this occupation *45*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Henrich* 14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Charlotte Rodenbeck* 16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Catherine Reckemberger* (Address) *412 E 20th St.*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore County* Date *Oct 24 1936*19. UNDERTAKER *William Cook* (Address) *1217 S. Paul St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 21 1936*22. I HEREBY CERTIFY, That I attended decedent from *Aug 1 1935* to *Oct 21 1936*I last saw *her* alive on *Oct 21 1936*. Death is said to have occurred on the date stated above, at *12:00* m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Generalized arteriosclerosis
Chronic myocarditis - hypertrophy
Myocardial infarction

Date of onset

Sept 1935
late

Other contributory causes of importance:

Was an operation performed? *None* Date of

For what disease or injury?

Name of operation *None* Date ofWhat test confirmed diagnosis *Path. Clin.* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injuryWhere did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

No If so, specify

(Signed)

(Address)

843 S. Paul St.

M. D.

CT 23 1936

F 28325

F 28325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium, 77-12 Ward)Length of residence in city or town where death occurred 50 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? 77 yrs. 7 mos. 1 ds.

2. FULL NAME

(a) Residence: No. Edgewood Sanatorium St. Ward. No War Service
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of Single
(or) WIFE of6. DATE OF BIRTH (month, day, year) June-8-18487. AGE Years 88 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 112. BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia13. NAME Edward Courtenay14. BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia15. MAIDEN NAME Virginia Howard16. BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia17. INFORMANT Mr. Marshall P. Howard(Address) 556-W-University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville, Va. Date Oct. 24/36 1919. UNDERTAKER Stewart & Mowen Company(Address) 108-W-North Avenue20. FILE NO. 23 1936

19

Regist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 193622. I HEREBY CERTIFY That I attended deceased from 5/26 1934 to 10-21 1936I last saw him alive on 10-20 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows

CEREBRAL ARTERIOSCLEROSISDate of onset 11-2-7

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) John E. Howard(Address) 1129 St. Paul M. D.

28326

HEALTH DEPARTMENT—CITY OF BALTIMORE

28326

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4508 Roland Ave St. 27-14* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clara Paine Gault

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

None

(a) Residence: No.

4508 Roland Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Single</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Feb-28-1873</i> | | |
| 7. AGE | Years <i>63</i> | Months <i>7</i> |
| | Days <i>23</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town)
(State or country) *Baltimore Md.*13. NAME *William G. Gault*14. BIRTHPLACE (city or town)
(State or country) *District of Columbia*15. MAIDEN NAME *Sallie J. Paine*16. BIRTHPLACE (city or town)
(State or country) *Baltimore Md.*17. INFORMANT *Miss Laura C. Gault*
(Address) *4508 Roland Avenue*

18. BURIAL, CREMATION, OR REMOVAL

Place *Louder Park Cemetery* Date *Oct 23/36*19. UNDERTAKER *Stenzel & Morgan Company*
(Address) *108-20 North Avenue*20. *Stenzel & Morgan Company*
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-21-36*22. I HEREBY CERTIFY, That I attended deceased from
Jan 1 - 1930 to *10-21-36*
I last saw him alive on *10-20-36* Death is saidto have occurred on the date stated above, at *6 A.M.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset *10-21-36*

Other contributory causes of importance:

Hypertension, Arterio Sclerosis

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Robert J. Warner, M. D.

(Address)

2607 Harrison St.

CT 23 1936

28327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28327

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10)Maryland General Hospital

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Mr. Charles Hubbard

If U. S. Veteran

specify WAR _____

(a) Residence: No. 2901W. Holly St.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced, HUSBAND of Marie Hubbard (or) WIFE of _____c. DATE OF BIRTH (month, day, year) Aug. 16, 18907. AGE 45 years, 2 months, 6 days If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Traveler9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brushes10. Date deceased last worked at this occupation (month and year) Sept 15 - 1936 11. Total time (years) spent in this occupation 29 yrs12. BIRTHPLACE (city or town) Orange Co. Va. (State or country)13. NAME Charles D. Hubbard14. BIRTHPLACE (city or town) Orange Co. Virginia (State or country)15. MAIDEN NAME Josephine Allen16. BIRTHPLACE (city or town) West Point Georgia (State or country)17. INFORMANT Mrs. Marie Hubbard (Address) 206 Woodman18. BURIAL, CREMATION, OR REMOVAL Place Green Ridge Date Oct 14/3619. UNDERTAKER Stewart Morris Co. (Address) 108 W. 1st Ave.20. Stewart Morris Co. (Address) 108 W. 1st Ave.21. Stewart Morris Co. (Address) 108 W. 1st Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1936 to Oct. 22, 1936I last saw him alive on Oct. 22, 1936 Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Hernia Date of onset 2 mos.intestinal obstructionpost-operative

Other contributory causes of importance:

Uremia 3 daysWas an operation performed? yes Date of 10-6-36For what disease or injury? HerniaName of operation Bilateral Hernioplasty of _____What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Signature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) W. P. Stephens M. D.(Address) McL. Ser. 1st St.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

+ 34 00

+ 23 1936

Registrar

F 28329 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 St Mary St.)

Length of residence in city

2. FULL NAME

(a) Residence: No. 560 St Mary St.

(Usual place of abode)

Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cat 5. Single, Married, Widowed, or Divorced (write the word) Married

5. If married, widowed, or divorced HUSBAND of Lena Wilson (or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan 28 1896

7. AGE 40 Years 8 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME William Wilson

14. BIRTHPLACE (city or town) Centerville (State or country) Md

15. MAIDEN NAME Jessie Hawkins

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Lena Wilson

(Address) 560 St Mary St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 10/21/36

19. UNDERTAKER Bernard P. Henry

(Address) 1111 N. E. St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterial Thrombosis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Hahn

(Address) 1215 N. E. St

Coroner

M. D.

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 28330 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28330

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Woodbrook St 13-3 Ward)

Length of residence in city or town where death occurred: yrs. life mos. 0 ds. 0 How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds. 0

2. FULL NAME

(a) Residence: No. 2416 Woodbrook Ave St., 13-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 953

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Wm Thomas (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20 1893

7. AGE Years 43 Months 57 Days 3 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Louis Gibson

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Lucinda Minor

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Wm Thomas (Address) 2416 Woodbrook

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Hughes Date Oct 23 1936

19. UNDERTAKER Thomas O. Wright (Address) 700 N. Comstock Ave

FILED

27 23 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Oct 20, 1936

I last saw him alive on Oct 20, 1936. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

10/14/36

Other contributory causes of importance:

Hypertensive Cardio Renal Disease

Was an operation performed? no Date of no

For what disease or injury?

Name of operation none Date of no

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury no, 1936

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. Thomas 2243 Madison Ave M. D.

F 28331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Gutman Ave St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 540 Gutman Ave St. 9-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If Married, name of husband or (or) WIFE of Thomas Holschlag6. DATE OF BIRTH (month, day, year) July 21-18687. AGE Years 68 Months 3 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Hospital10. Date deceased last worked at this occupation (month and year) 10-9-36 11. Total time (years) spent in this occupation 412. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME Mathias Pfeiffer14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Kunigunda Holiber16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Gabriel Holschlag (Address) 4000 Pinewood Ave18. BURIAL, CREMATION, OR REMOVAL Interment Place Parkwood Date Oct 24 3619. UNDERTAKER Franklin W. Seely (Address) 814 N. 36 St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Oct 20, 1936I last saw her alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Franklin W. Seely M. D.(Address) 112 N. 25 St

F 28331

23 1936

28332

F 28332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *SINAI HOSPITAL* St. *2nd* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth *25* yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *M. ABRAHAM TURNER*(a) Residence: No. *1821 E. BALTIMORE* St. *2nd* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Roe*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *48* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sloemaker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Curry Shop*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Not Known*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Lena Miller*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Morris Taylor Step-son*
(Address) *30 N. Chester St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Herring Run* Date *10/23/36*19. UNDERTAKER *John Lewis, Inc.*
(Address) *14139 E. Baltimore St.*20. FILED *19* Registrar *W. H. Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 23, 1936*22. I HEREBY CERTIFY. That I attended deceased from *October 11, 1936* to *October 23, 1936*
I last saw him alive on *October 23, 1936* Death is said to have occurred on the date stated above, at *2:45* a.m.

The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIA
*CARDIAC FAILURE.*Date of onset
10-21-36

Other contributory causes of importance:

*OPERATION (cholecystectomy + cholelithotomy)*Was an operation performed? *YES* Date of *10-20-36*For what disease or injury? *Cholelithiasis + cholecystitis*Name of operation *Cholelithotomy + Cholecystectomy* Date of *10-20-36*What test confirmed diagnosis? *OPERATION* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) *Louis J. Headner* M. D.
(Address) *Sinai Hospital*

F 28333 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28333

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N Pulaski St 15-3 Ward)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES FREYMAN

(a) Residence: No. 1820 N Pulaski St., 15-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX MALE | 4. Color or Race WHITE | 5. Single, Married, Widowed, or Divorced (write the word) MARRIED |
| 6a. If married, widowed, or divorced: HUSBAND of ANNA FREYMAN (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Oct 9 1867 | | |
| 7. AGE | Years 69 | Months 0 |
| | Days 13 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sector | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070 | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) Baltimore | | |
| FATHER | 13. NAME Conrad Freyman | |
| | 14. BIRTHPLACE (city or town) (State or country) Germany | |
| MOTHER | 15. MAIDEN NAME Phelps | |
| | 16. BIRTHPLACE (city or town) (State or country) Puehmond Va | |
| 17. INFORMANT Charles H Freyman Jr (Address) 1808 St Paul | | |
| 18. BURIAL, CREMATION, OR REMOVAL Landon Park National Cem Date Oct 24 : 26 | | |
| 19. UNDERTAKER Wm J Lickert & sons (Address) North & Pa | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Oct 22 1936**
22. I HEREBY CERTIFY, That I attended deceased from **Oct 22 Jan 1936** to **Oct 22 1936**
I last saw him alive on **Oct 22 1936** Death is said to have occurred on the date stated above, at **1 P** m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
about Jan 1935

Other contributory causes of importance:

Arterio-sclerosis

about 1928

Was an operation performed? **no** Date of _____

For what disease or injury? **none**

What test confirmed diagnosis? **Physical** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Harry Dubak** M. D.

(Address) **3220 Garrison**

25. FILED

CT 23 1936

Registrar

28334

F 28334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary F. Moss

If U.S. Veteran

specify WAR

(a) Residence: No. 1157 Wheat coat

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

colored

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

11/6/1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

9

15

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Infants

12. BIRTHPLACE (city or town)
(State or country)

Balto. Md

FATHER

13. NAME

Charles Moss

14. BIRTHPLACE (city or town)
(State or country)

Va

MOTHER

15. MAIDEN NAME

Hattie - V. Harrison

16. BIRTHPLACE (city or town)
(State or country)

V. C.

17. INFORMANT

(Address)

Charles Moss
1157 Wheatcoat St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary Date 10/23/36

19. UNDERTAKER

(Address)

Thomas E. Kelson

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year)

Oct 21, 193622. HEREBY CERTIFY, That I attended deceased from
Oct 5, 1936, to Oct 21, 1936I last saw h. & R. alive on Oct 21, 1936 Death is said
to have occurred on the date stated above, at 11⁴⁵ a.m.The principal cause of death and related causes of
importance were as follows:Heart
MALNUTRITION
Rickets

Date of onset

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Signed)

J. H. Sweeney M. D.
(Address) University Hospital

T 23 1936

F 28335

F 28335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. *Saint Joseph's Hospital*)

FULL NAME

(Residence in Baltimore: No. *1215 Patapsco St.*)

WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, *Male* 4-COLOR OR RACE, *White* 5-SINGLE, *widower*
 MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH,

Unknown, 1
 (Month) (Day) (Year)

7-AGE,

about 4 yrs. mos. ds.

If LESS than 1 day,
 ...hrs. or ...min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work, *Electrician*
 (b) General nature of industry, business, or establishment in which employed (or employer), *Gayety Theatre*

9-BIRTHPLACE,

(State or Country), *Baltimore Md.*

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER

(State or Country), *Prussia*

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER

(State or Country), *Germany*

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Mrs. Anne Ruffer*(Address) *1215 Patapsco St.*

15-

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

10/21/36, 191...
 (Month) (Day) (Year)

17-

I HEREBY CERTIFY, That I took charge of the

remains described above, held an *inquest* (Inquest, autopsy or inquiry)thereon and from the evidence obtained by said *inquest* (Inquest, autopsy or inquiry)

inquest and that said deceased came to his death *on the day stated above.*

The CAUSE OF DEATH* was as follows:

Hypertension

CONTRIBUTORY (Secondary)

(Signed) *Paul Schenck, M.D.*

(Coroner)

(Address) *1919 E. North Ave.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death... yrs. mos. ds. State... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,

DATE OF BURIAL,

*Holy Cross Cemetery, A.C.**10/24/36*

FUNERAL DERTAKER

ADDRESS

John J. Foley & Sons 1318 Light St.

OCT 23 1936

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Registrar.

28336

F 28336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *St. General Hospital*Length of residence in Baltimore: *10 yrs.*

2. FULL NAME

(a) Residence: *Frank J. Ehlers*

(Usual place of abode)

Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? *10 yrs.* mos. *0* da. If U. S. Veteran specify WARWard. *St. General Hospital*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annis Lauria Ehlers*6. DATE OF BIRTH (month, day, year) *April 4, 1893*7. AGE *33* Years *6* Months *18* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Self Insurance*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Washington*
10. Date deceased last worked at this occupation (month and year) *June*
11. Total time (years) spent in this occupation *0*12. BIRTHPLACE (city or town) (State or country) *Lana*13. NAME *Henry Ehlers*14. BIRTHPLACE (city or town) (State or country) *Lana*15. MAIDEN NAME *Seena Press*16. BIRTHPLACE (city or town) (State or country) *Lana*17. INFORMANT *Frank J. Ehlers* (Address) *1215 Hanway*18. BURIAL, CREMATION, OR REMOVAL Place *Cremation* (See funeral home) *Oct 24, 1936*19. UNDERTAKER *Henry W. Meareson* (Address) *805 N. Calvert St.*20. FILED *Frank J. Ehlers*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 22, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) *9:00 PM*The principal cause of death and related causes of importance were as follows: *Cardiac Hemorrhage*Other contributory causes of importance: *None*Was an operation performed? *None* Date of *None*For what disease or injury? *None* Date of *None*Name of operation *None* Was there an autopsy? *None*What test confirmed diagnosis? *None*23. If death was due to external causes (violence) fill in also the following: *None*Accident, suicide, or homicide? *None* Date of injury *None*Where did injury occur? (Specify city or town, county, and State) *None*Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *None*If so, specify *None*(Signed) *Chas W* Coroner *M. D.*(Address) *1215 Hanway*

OCT 23 1936

28337

HEALTH DEPARTMENT—CITY OF BALTIMORE

28337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Woodleaf St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel Scott Mack

If U. S. Veteran specify WAR

(a) Residence: No.

812 Woodyear St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Jessie Mack

6. DATE OF BIRTH (month, day, year) Aug 14-1887

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 49 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME

Samuel Mack Sr

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

May A. Bailey

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Mrs Jessie Mack

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion

Date Oct 26, 1936

19. UNDERTAKER

(Address)

Joseph A. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Disease
Atherosclerosis -
Myocarditis.

Date of onset

Oct

6

1936

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Heart Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George P. Allen
5014 Kensington

M. D.

See instructions on back of certificate. OCCUPATION is very important.

s s

OCT 23 1936

28338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.
 How long in U. S. If of foreign birth?
 If U. S. Veteran
 specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 line)St. 18-2 Ward)Length of residence in city or town where death occurred 35 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1036 line
 (Usual place of abode)St. _____ Ward. _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3. SEX <u>male</u> | 4. Color or Race <u>Col.</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Henrietta Brown</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| 7. AGE <u>46</u> | Years <u>7</u> | Months <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 10. Date deceased last worked at this occupation (month and year) |

12. BIRTHPLACE (city or town)
(State or country)13. NAME George Brown
O. O. Co14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address) 505 N. Guilmar st.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel cemetery Date Oct 23, 1936

19. UNDERTAKER

(Address) 322 N. Schenck st.
Mrs. Katie R. Williams
H. E. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1936
 22. I HEREBY CERTIFY, That I took charge of the remains described
 above, held an Inquiry (Inquest, Autopsy or Inquiry)
 obtained by said Inquiry find that said deceased came
 to his death on the day stated above.
 The principal cause of death and related causes of
 importance were as follows:

Chronic myocarditisOther contributory causes of importance:
Asthmatic attacks

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the fol-
 lowing: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Thos H Phillips Coroner M. D.(Address) 1939 E. ...

T 23 1936

28339

F 28339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28339* *W. Baltimore St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *8* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *28339* *W. Baltimore St.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *John D. Appleby* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 3rd 1871*7. AGE Years *65* Months *5* Days *2/20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Esther Strelens*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Esther M. Lohr*16. BIRTHPLACE (city or town) (State or country) *Prussia*17. INFORMANT (Address) *John D. Appleby*18. BURIAL, CREMATION, OR REMOVAL Place *St. Luke's* Date *10/24/36*19. UNDERTAKER (Address) *John D. Appleby*20. FILED *OCT 23 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 21*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *May*, 19*33*, to *Oct 21*, 19*36*I last saw him alive on *Oct 20*, 19*36* Death is said to have occurred on the date stated above, *12:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Cervix 1932
General Carcinomatosis Jan 1936

Other contributory causes of importance:

Name of operation *Biopsy* Date *12/20/30*What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Eliot W. Johnson* M. D.(Address) *3432 Frederick Ave*

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

28340

✓ F 28340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Parkwood St. 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2827 Parkwood Ave., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced WIDOWED of Adolph A. Jones (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar. 22-18827. AGE Years 54 Months 6 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) July 1936 11. Total time (years) spent in this occupation 3312. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Henry C. Albert14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Kathleen Garrison16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT A. A. Jones (Address) 2827 Parkwood Ave.18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hosp. Date Oct 23-3619. UNDERTAKER St. B. Shippert & Son (Address) 1302 E. Baltimore Ave.20. REGISTRAR William M. Williams (Address) 1302 E. Baltimore Ave.

OCT 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20-193622. I HEREBY CERTIFY, That I attended deceased from Oct. 7- 1936 to Oct. 20- 1936I last saw him alive on Oct. 19 1936 Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Chronic Myocarditis

Other contributory causes of importance:

Chn. Interstitial NephritisWas an operation performed? no Date of

For what disease or injury?

Name of operation Physical Examination Date ofWhat test confirmed diagnosis? Physical Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Paul Brown M. D.(Address) 1663 W. North Ave.

28341

✓ F. 28341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hrs. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1021 Stiles St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced HUSBAND of (or) WIFE of John6. DATE OF BIRTH (month, day, year) April 7, 18867. AGE Years 51 Months 6 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Vincent Jester14. BIRTHPLACE (city or town) Italy (State or country)15. MAIDEN NAME Teresa Pappa16. BIRTHPLACE (city or town) Italy (State or country)17. INFORMANT John Seminazzi (Address) 11021 Stiles

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 24, 193619. UNDERTAKER Neudt J. Heppner (Address) 1445 S. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.(Inquest, Autopsy or Inquiry)
The principal cause of death and related causes of importance were as follows;
Diabetic Coma

Data of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

Coroner

M. D.

(Address) 1019 S. ...

Registrar

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

OCT 23 1936

28342

Catherine A. Reuling ✓ F 28342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Payson St., 70-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert W. Reuling

6. DATE OF BIRTH (month, day, year) March 9 1890

7. AGE Years 46 Months 7 Days 1312 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George Phaffner

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Sophia Miller

16. BIRTHPLACE (city or town) Balt. (State or country) Md.

17. INFORMANT Albert W. Reuling (Address) 109 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 24 1936

19. UNDERTAKER George L. Schweb (Address) 2101 Federal Avenue

Huntington Meadows, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21-36

22. I HEREBY CERTIFY That I attended deceased from 10/18-36 to 10/21-36

I last saw him alive on 10/21-36 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Charles C. C. M. D.

(Address) 2145 N. Baltimore St.

T 23 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

28343

CERTIFICATE OF DEATH

F 28343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Northern Pkwy. St., 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine M. Swaffield

(a) Residence: No. 3811 Northern Pkwy. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. H. F. Swaffield

6. DATE OF BIRTH (month, day, year) April 7, 1863

7. AGE Years 13 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Peter Greiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie C. Lye

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Alwood Anthony

(Address) 3811 Northern Pkwy. St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Am. Date Oct 22, 1936

19. UNDERTAKER Fredk. Lussalundson

(Address) 7401 Belair Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 22, 1936.

I last saw her alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation 5 yrs.

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Burton A. Felt M. D.

(Address) 6801 Belair Rd.

OCT 23 1936

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

E 28344

95-13
Registered

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

55

(a) Residence: No. 449 N. Curley St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from
10-17, 1936 to 10-21, 1936

I last saw ~~him~~ alive on 10-21, 1956 Death is said
to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset
3 days

Other contributory causes of importance:

Hypertensive Cordig-vascular?
Disease with Cognitive failure
Was an operation performed? yes Date of 10-17-31
For what disease or injury? Choroid of eye.
lens extraction

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public

place

(Nature of Injury

21. Was disease or injury in any way related to occupation of decedent?

no If so, specify _____
(Signed) W. A. Hooper, M.

(Address) Balt. City Hoops.

28345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28345

17976

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Milton Bedford(a) Residence: No. 1817 Orleans St., St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-16-19357. AGE Years 1 Months 3 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore & Md. (State or country)13. NAME John Fowler14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Marie Bedford16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not Cataloged Date Oct. 23 193619. UNDERTAKER Robert W. Williams (Address) 1515 McElderry St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 193622. I HEREBY CERTIFY, That I attended deceased from 10-16, 1936, to 10-21, 1936I last saw him alive on 10-21, 1936. Death is said to have occurred on the date stated above, nt. 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

10-12-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. B. Jones
Baltimore City Hospital

M. D.

OCT 23 1936

F 28346

F 28346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*CITY OF BALTIMORE: (No. *Wilkes Ave* St. *25-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. *14* mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Ms Emily Cantuace*If U.S. Veteran
specify WAR(a) Residence: No. *Elliot City Md* St. *Ward*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Mr Cantuace*6. DATE OF BIRTH (month, day, year) *Apr 1875*7. AGE Years *61* Months *6* Days *6* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *10/19/36* 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) (State or country) *Tenn.*13. NAME *John Henry*14. BIRTHPLACE (city or town) (State or country) *Tenn*15. MAIDEN NAME *Polly McCulloch*16. BIRTHPLACE (city or town) (State or country) *Tenn*17. INFORMANT *Ed Cantuace*
(Address) *Elliot City Md*18. BURIAL, CREMATION, OR REMOVAL
Place *St Johns Elliot City* Date *10-25-1936*19. UNDERTAKER *J.P. Wainwright*
(Address) *Elliot City, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-22-36* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Oct 9* 19*36* to *Oct 22* 19*36*I last saw her alive on *Oct 22* 19*36* Death is said to have occurred on the date stated above, at *10:00 PM*

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *10-13-36*For what disease or injury? *Carcinoma of stomach*What test confirmed diagnosis? *Operation* there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Karl F. Weech
St. Agnes Hospital

M. D.

F 28346

28347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 28347

160-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Hickory Ave. ST. 13-7 WARD)

2-FULL NAME

Infant Partside

(a) RESIDENCE NO. 3706 Hickory

(Usual place of abode)

ST.

WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Yrs.

Mos.

Ds.

How long in U. S., if of foreign birth?

Yrs.

Mos.

Ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Oct 22, 1936

7 AGE

Years

Months

Days

If LESS than 1 day, 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9 BIRTHPLACE (city or town) (State or country)

Baltimore
md.

10 NAME OF FATHER

Ellsworth B. Partside

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore
md.

12 MAIDEN NAME OF MOTHER

Adeline Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore
md.

14

Informant (Address)

Ellsworth Partside
3706 Hickory Ave

15

Filed

Thurston
1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 19 36

17

I HEREBY CERTIFY, That I attended deceased from

10/22, 1936, to 10/22, 1936,

that I last saw him alive on 10/22, 1936

and that death occurred, on the date stated above, at 9 10 P. M.

The CAUSE OF DEATH* was as follows:

Hearting. - pneumonia
Embolus. R Foot.

(duration) Yrs. Mos. Ds.

CONTRIBUTORY (Secondary)

(duration) Yrs. Mos. Ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. D. H. H. H., M. D.

10/23/36 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Woodlawn

20 UNDERTAKER

Chenoweth

DATE OF BURIAL

Oct 23, 1936

ADDRESS

3615 17
Chenoweth

See instructions on back of certificates.

28348 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 28348

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Providence Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *1324 Kensington* St. *13-35* Ward)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Ralph Arnold

If U. S. Veteran specify WAR

(a) Residence: No. *2407 Etting* St., *13-35* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Etta

6. DATE OF BIRTH (month, day, year)

1898

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

10-8-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Washington D. C.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Susanne Arnold

16. BIRTHPLACE (city or town) (State or country)

Wash. D. C.

17. INFORMANT

George Arnold

(Address) *2407 Etting*

18. BURIAL, CREMATION, OR REMOVAL

Washington D. C. Oct 23 1936

19. UNDERTAKER

Bernard H. Arnold

(Address) *818 Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10 21*, 1936

22. I HEREBY CERTIFY, That I attended deceased from *6-11*, 1936 to *10-21*, 1936

I last saw him alive on *10 21*, 1936 Death is said to have occurred on the date stated above, at *11:10 p.m.*

The principal cause of death and related causes of importance were as follows:

Branch Pneumonia

Date of onset

10-19

Other contributory causes of importance:

Calculus of the Gallbladder

6-11

Was an operation performed? *yes* Date of *6-30*

For what disease or injury?

Name of operation *Cholecystectomy* Date of *6-30*

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. D.*

(Address) *Providence Hospital*

7-23-1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-2 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Sophie Novak

(a) Residence: No. 803 S Dallas St., 3-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race white 5. Single, Married, Widowed, or Divorced. (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-8-76

7. AGE Years 60 Months 1 Days 14 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ind (State or country)

13. NAME Frank Morris
14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Frances ?
16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 24 1936

19. UNDERTAKER Fred W. Ozarowski (Address) 1900 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 16 1936 to Oct 22 1936.

I last saw her alive on Oct 22 1936. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Apoplectic stroke - fatal stroke
following illness - diabetes - insulin
not in control - heart

Date of onset

10-7-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-16-34

For what disease or injury? Apoplectic stroke

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul R. Kumbel M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

123 1936
61 66 100

F D. 28350

F 28350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *416 N. Carrollton St.* *78* - *2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nelson Monte Campbell

If U. S. Veteran

specify WAR

(a) Residence: No. *416 N. Carrollton* St., *78* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 19, 1936*7. AGE Years Months Days *5* *14* *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Nelson Campbell*14. BIRTHPLACE (city or town) *South Carolina*
(State or country)15. MAIDEN NAME *Ocey Johnson*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Nelson Campbell*
(Address) *416 N. Carrollton St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery* Date *Oct 23, 1936*19. UNDERTAKER *Mr. Katie R. Williams*
(Address) *322 N. Lincoln St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* find that said deceased came to *his* death on the day stated above. *230 Pm.*The principal cause of death and related causes of importance were as follows: *Acute Broncho Pneumonia* Date of onset *Two days*

Other contributory causes of importance:

Gastro Intestinal Inflammation as well

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *1936*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Thos H. Phillips* M. D.(Address) *1939 N. ...*

Coroner

1939

1936

1936

1936

1936

1936

F 28351 *O.K. Paul Shuman, M.D.* **F 28351**
HEALTH DEPARTMENT—CITY OF BALTIMORE

319141

CERTIFICATE OF DEATH

23-140

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **Anna Beete**

(a) Residence: No. **334 S. Patterson Park West**, _____ Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|-------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married | | |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Beete | | | | |
| 6. DATE OF BIRTH (month, day, year) July-6-1912 | | | | |
| 7. AGE | Years 24 | Months 3 | Days 14 | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wife | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | | |
| 11. Total time (years) spent in this occupation | | | | |

12. BIRTHPLACE (city or town) **md**
 (State or country)

13. NAME **John Markiewicz**

14. BIRTHPLACE (city or town) **Poland**
 (State or country)

15. MAIDEN NAME **Josephine Rataczak**

16. BIRTHPLACE (city or town) **Poland**
 (State or country)

17. INFORMANT **Records**
 (Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL
 Place **St. Mary's Cemetery** Date **Oct. 24, 1936**

19. UNDERTAKER **Shephard, Bialkowski, Inc.**
 (Address) **1000 S. Remond Ave**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Oct-20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 26, 1936, to Oct. 20, 1936**

I last saw her alive on **Oct. 20, 1936** Death is said to have occurred on the date stated above, at **10:50 P.M.**

The principal cause of death and related causes of importance were as follows:

Tuberculous Pneumonia

Date of onset **10-5-36**

Other contributory causes of importance:

Infected abortion.

Was an operation performed? **No** Date of _____

For what disease or injury?

What test confirmed diagnosis? **Spurium stain** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **E.W. Dierspreck** M. D.

(Address) **Johns Hopkins Hospital**

23 1936

Attest
H

18071

F 28352

F 28352 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Harriett Johnson(a) Residence: No. 511 Calvin St. Calvin St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Abe
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12-20-18677. AGE Years Months Days If LESS than
68 10 1 1 day, 1 hr.,
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Charles Jones14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Josephine16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pl. Calvary Date 10/24/3619. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston

20. FILED

T 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 193622. I HEREBY CERTIFY, That I attended deceased from
10-20, 1936, to 10-21, 1936I last saw her alive on 10-21, 1936 Death is said
to have occurred on the date stated above, at 4:30 p.m.The principal cause of death and related causes of
importance were as follows:Hypertensive Cordis-vascular disease with Cordiac failure Date of onset 2 days

Other contributory causes of importance:

Gouty of rt. foot 1 mo.Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. H. Hoover M. D.(Address) Balt. City Hosp.

F 28353

F 28353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Chelsea Terrace 15-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret E. HiteshewIf U.S. Veteran
specify WAR _____(a) Residence: No. 2110 Chelsea Terrace St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Apr. 18, 18537. AGE Years 83 Months 6 Days 4 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Frederick County
(State or country) Ed.13. NAME Charles Hiteshew14. BIRTHPLACE (city or town)
(State or country) Id.15. MAIDEN NAME Elizabeth Stoner16. BIRTHPLACE (city or town)
(State or country) Id.17. INFORMANT Nellie P. DeKalb
(Address) 2110 Chelsea Terrace18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Oct. 24, 193619. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutan Place

T 23 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd, 193622. I HEREBY CERTIFY. That I attended deceased from Sept. 1st 1936 to Oct. 22nd 1936I last saw him alive on Oct 21st 1936 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

AtherosclerosisCardio - Vasculardisease - Bronchia PneumoniaProbable malignancy in lymphaticOther contributory causes of importance: glaucoma of left thighScirrhosityBr

Date of onset

Was an operation performed? none Date of _____

For what disease or injury? _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no

If so, specify _____

(Signed) Dr. Byrly(Address) 3045 W. North Ave.

M. D.

8334 1268-9

F 28354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Longwood St. 15-7 Ward)Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Samuel Gardner(a) Residence: No. 2117 Longwood
(Usual place of abode)St. 15-7 Ward. 15-7
(If non-resident give city or town and State)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Lyda J.
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 18, 18757. AGE Years 61 Months 2 Days 4 If LESS than 1 day. 5 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. Railroad
10. Date deceased last worked at this occupation (month and year) Aug. 18, 1875
11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Md.13. NAME Samuel Gardner14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Eliza Bevan16. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Md.17. INFORMANT Mrs. Lyda Gardner
(Address) 2117 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Oct. 24, 193619. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 E. Pratt St.

20. SIGNATURE

CT 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) first that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of 0

For what disease or injury?

Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 0(Address) 1215 Hanover St.

Coroner

M. D.

Registrar.

28355

28355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3120 Woodland* St., *47-17* Ward)Length of residence in *City* or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.
If U. S. Veteran specify WAR *No Record*

2. FULL NAME

(a) Residence: No. *3120 Woodland* St., *47-17* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*6. If married, widowed, or divorced
HUSBAND of *Saura E Jones*
(or) WIFE of7. AGE Years *78* Months *7* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Night Manager*
10. Date deceased last worked at this occupation (month and year) *March 20-1888*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *Edward L. Jones*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Elizabeth*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *N. Marshall Jones*
(Address) *3120 Woodland St*18. BURIAL, CREMATION, OR REMOVAL
Place *Clairborne Mt* Date *Oct 23, 1936*19. UNDERTAKER *William Cook*
(Address) *1217 St Paul St*20. Registrar *William Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Sept 18, 1936* to *Oct 22, 1936*
I last saw *him* alive on *Oct 17, 1936* Death is said to have occurred on the date stated above, at *1:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis *10/10/36*

Other contributory causes of importance:

Systemic sclerosis
*Hypertension*Was an operation performed? *No* Date of *10/10/36*

For what disease or injury?

Name of operation *Myocardial infarction* Date of *10/10/36*What test confirmed diagnosis? *Autopsy* *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *James P. Tolson* D.(Address) *721 Medical Bldg*

CT 23 1936

F 28356

F 28356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Fairview Ave St. 15-8 Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3504 Fairview Ave St. 15-8 Ward 8

(Usual place of abode)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 1862

7. AGE

Years 74

Months 6

Days 16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Hope

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha A. Clements

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edith S. Clements Hope

(Address) 3504 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 24 1936

19. UNDERTAKER John P. Deary

(Address) 715 Light St

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1918 to October 22 1936

I last saw him alive on October 22 1936. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Coronary Insufficiency

Date of onset

1930

1936

Other contributory causes of importance:

Influenza Rheumatism

1915

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Physic

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Milton P. Hill

M. D.

(Address)

4531 Reservoir Rd

28357

F 28357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Baby Girl Barben

If U.S. Veteran

specify WAR

(a) Residence: No. Whiteford - Hartford Co. Md St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14/367. AGE Years Months Days If LESS than 1 day, ... hrs. or min. 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Charles Barben14. BIRTHPLACE (city or town) Fredrick, Md. (State or country)15. MAIDEN NAME Margaret Thompson16. BIRTHPLACE (city or town) Hartford Md. (State or country)17. INFORMANT Charles Barben (Address) Whiteford Md.18. BURIAL, CREMATION, OR REMOVAL Place Mt Olive Date Oct 24, 193619. UNDERTAKER Hubert P. Hopkins (Address) Delta Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936, to Oct. 23, 1936I last saw her alive on Oct. 23, 1936. Death is said to have occurred on the date stated above, at 10²⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

DiarrheaWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Lewis B. Whitney
University Hospital

23 1936

Registrar.

R.P.H.

F 28358

28358 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Hallen Road ST. 77-8 WARD 8)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Robert Dudley CARTER

(a) RESIDENCE No.

(Usual place of abode)

604 Hallen Road

ST.

WARD

(If non resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

Dona Burkhardt Carter

6 DATE OF BIRTH (month, day, and year) March 28th 1852

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

84

56

24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Marshal (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

Police job

(c) Name of employer

Baltimore Police Dept

9 BIRTHPLACE (city or town) (State or country)

Littleton North Carolina

10 NAME OF FATHER

Jesse Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Gaston North Carolina

12 MAIDEN NAME OF MOTHER Sarah Whitaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Tennessee

14

Informant (Address)

Mrs. Jessie Carter Hammond 604 Hallen Road

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22nd 1936

17

I HEREBY CERTIFY, That I attended deceased from October 17th, 1936, to October 22nd, 1936, that I last saw him alive on October 19th, 1936,and that death occurred, on the date stated above, at 11⁴⁰ p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, acute.

(duration) yrs. mos. 14, ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis + senility

(duration) 14 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? None.

What test confirmed diagnosis? Clinical signs.

(Signed)

A.S. Chalfant

M. D.

Oct 22nd, 1936

(Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

23 1936

Huntington Williams, M.D. Registrar

TION is very important. See instructions on back of certificates.

28359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28359

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *15-4* Ward)Length of residence in city or town where death occurred *15-4* yrs. *15-4* mos. *15-4* ds. How long in U. S. If of foreign birth? *15-4* yrs. *15-4* mos. *15-4* ds.

2. FULL NAME

(a) Residence: No. *1920 Fulton Ave* St. *15-4* Ward. (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
6. DATE OF BIRTH (month, day, year) *Nov 28 77*
7. AGE Years *11* Months *20* Days *20* If LESS than 1 day, *20* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, saw, or bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
10. Date deceased last worked at this occupation (month and year) *Nov 28 77* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*
13. NAME *John T. Tapp*
14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*
15. MAIDEN NAME *Mrs. Mary Spier*
16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Caroline M. Oshel* (Address) *1920 Fulton Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Mary's* Date *Dec 10, 1936*19. UNDERTAKER *W. H. Oshel* (Address) *1920 Fulton Ave*20. FILED *23 1936* Registrar *W. H. Oshel*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10 22-36* 1922. I HEREBY CERTIFY, That I attended deceased from *10 21-36* 19 to *10 22-36* 19.I last saw him alive on *10 22-36* 19. Death is said to have occurred on the date stated above, at *11 P* m.

The principal cause of death and related causes of importance were as follows:

*Asphyxiation*Date of onset
10-22-36

Other contributory causes of importance:

*Carcinoma of Thyroid*Was an operation performed? *Yes* Date of *10 22 36*For what disease or injury? *Thyroid*What test confirmed diagnosis? *Was there an autopsy? No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) *Lawrence H. Wells* M. D.(Address) *Baltimore, Md**Mary Hospital*

28360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28360

CERTIFICATE OF DEATH

#17103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Maurer

If U.S. Veteran
specify WAR

(a) Residence: No. 423 N. Ellwood Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of
WIFE of

Bernie Maurer

6. DATE OF BIRTH (month, day, year) 7/11/1862

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 3 17 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unknown Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 2 3

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Oct 24, 1936

19. UNDERTAKER William Cook (Address)

1217 St Paul St

20. FILED

20 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1936 to 10-21 1936

I last saw him alive on 10-21 1936. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 10-19-36

Other contributory causes of importance:

Typhoid enteritis acute non-specific

10-12-36

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John J. Rainey
Baltimore City Hospital

M.D.

F 28361

28361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltic City Hospital St., 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 249 S. London Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Marguerite
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 22 19317. AGE Years Months Days If LESS than 1 day, bra. or min.
about 648. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Anderson14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Fischer16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFORMANT Thomas E. O'Brien
(Address) 249 S. London Ave.

18. BURIAL, CREMATION, OR REMOVAL

London Ave Date Oct 24 193619. UNDERTAKER William Bookb
(Address) 1217 S. 1st St

20. FILED

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

carcinoma right ear

Other contributory causes of importance:

hypostatic pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright(Address) 1010 S. E. Street Ave.

M. D.

F328362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28362

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 27-16 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Wm Hartigan(a) Residence: No. 3104 Sunter Ave

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary6. DATE OF BIRTH (month, day, year) 4/18/897. AGE Years 47 Months 6 Days 5 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2312. BIRTHPLACE (city or town) (State or country) Mass13. NAME John Hartigan14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Margaret Carey16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place WoodlawnDate Oct 26, 193619. UNDERTAKER William Cook(Address) 1217 S. Park St

20. FILED

23 1936

Registrar. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23, 193622. I HEREBY CERTIFY. That I attended deceased from Aug 26, 1936 to Oct-23, 1936I last saw him alive on Oct-23, 1936 Death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Lung
(Bronchogenic)

Date of onset

April 1936

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? BiopsyWas there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Rankin C. Blount

M. D.

(Address) _____

28363

F 28363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Classen Ave. St. 5-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2705 Classen Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary G. Ackman
(or) Wife of6. DATE OF BIRTH (month, day, year) Jan. 6 - 18547. AGE Years 82 Months 9 Days 17 If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Excavator10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Snow Hill
(State or country) Maryland13. NAME Ackman14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Liscilla Powell16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT James H. Ackman
(Address) 2705 Classen Ave.18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Date 10/26/3619. UNDERTAKER William Woods
(Address) 1214 Paul St

FILED

23 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 - 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 3 - 1936 to Oct. 23 - 1936I last saw him alive on Oct. 22 - 1936 Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 1916

Other contributory causes of importance:

Chronic Subacute Hepatitis 1930Was an operation performed? no Date of

For what disease or injury?

Name of operation Physical Examination Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Paul Brown M. D.(Address) 1663 W. North Ave.

28364

F 28364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 77-15)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Miss Nellie BoydIf U. S. Veteran
specify WAR _____(a) Residence: No. Home for the Aged of the St. E. Church

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov. 15 - 18567. AGE Years 79 Months 11 Days 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. As
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. As
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME John Boyd
14. BIRTHPLACE (city or town) Baltimore Md
(State or country)15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)17. INFORMANT Lolla Cuddy
(Address) 2211 Rogers Ave18. BURIAL, CREMATION, OR REMOVAL
By Funeral Home Date 10/26/193619. UNDERTAKER William Cook
(Address) 1317 5th Ave S. E. Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 23, 1936I last saw him alive on Oct 22, 19____ Death is said to have occurred on the date stated above, at 9 am.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Oct 21

Other contributory causes of importance:

Nephritis ChronicWas an operation performed? No Date of ✓For what disease or injury? NoName of operation None Date of ✓What test confirmed diagnosis? Chemical methods

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19✓

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify _____(Signed) George B. Shannon M. D.(Address) 700 St. James Ave

23 1936

28365

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28365

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No.

Wilkeson Caton St. 15 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr Charles E Bond

If U.S. Veteran specify WAR

(a) Residence: No.

3900 Coolidge Ave. St. 15 Ward

Baltimore, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Lillie V. Bond

6. DATE OF BIRTH (month, day, year)

December 27, 1872

7. AGE

63

Years

Months

9

Days

25

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

Aug 1936

11. Total time (years) spent in this occupation

20 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

13. NAME

Alfred Bond

FATHER

14. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

MOTHER

15. MAIDEN NAME

Emma Canoles

16. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

17. INFORMANT

Mrs. Lillie V. Bond

(Address)

3900 Coolidge Ave., Voileville

18. BURIAL, CREMATION, OR REMOVAL

Place

Loudon Park Cem. Date October 24, 1936

19. UNDERTAKER

(Address)

2000 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

September 22, 1936 to October 22, 1936

I last saw him alive on October 22, 1936 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Empyema, right chest
lobar pneumonia, right lung

Date of onset

Sept. 1936

Other contributory causes of importance:

Syphilis

Was an operation performed?

yes

Date of 10/21/36

For what disease or injury?

Empyema

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Lawrence J. Shimanek M. D.

(Address) St. Agnes Hospital

23 1936

St. Agnes Hospital

28366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28366

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Serial Hospital* St. *7-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. *2* ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME *George Kadar*(a) Residence: No. *Turner Station Rd.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color of Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Anna Kadar*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug-8-1888*7. AGE Years *48* Months *2* Days *14* If LESS than 1 day, hrs. _____ or min. _____OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Beck Steel Co.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Roller*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *17 yrs*12. BIRTHPLACE (city or town) (State or country) *Hungary*13. NAME *Geo. Kadar*14. BIRTHPLACE (city or town) (State or country) *Hungary*15. MAIDEN NAME *Rosa Barina*16. BIRTHPLACE (city or town) (State or country) *Hungary*17. INFORMANT *Mrs. Anna Kadar*
(Address) *Turner Station Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *10/24/36*19. UNDERTAKER *Thos. S. Connelly*
(Address) *Serial Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-22-36* 1922. I HEREBY CERTIFY. That I attended deceased from *10-22-36* 19.36, to *10-22-36* 19.I last saw h. *living* alive on *10-22-36* 19. Death is said to have occurred on the date stated above, at *2¹⁰* m.

The principal cause of death and related causes of importance were as follows:

Bleeding pyptic ulcer

Date of onset

6 wks

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Alfred J. Schwan* M. D.(Address) *Serial Hospital*

23 1936

28367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28367

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *915 Stiles St.* Ward *3-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *36* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Raffelle, Caroline

If U.S. Veteran

specify WAR

(a) Residence: No. *915 Stiles*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Raffelle, Caroline*6. DATE OF BIRTH (month, day, year) *March 1981*7. AGE *55* Years Months *7* Days ☒ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

13. NAME

Pasquale, Pierre

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Theresa Pierre

16. BIRTHPLACE (city or town) (State or country)

Raffelle, Caroline

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Bede's* Date *Oct 24, 1936*

19. UNDERTAKER (Address)

Wendell J. Shipsey

20. DIED 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-20-1936*22. I HEREBY CERTIFY, That I attended deceased from *10-11-1936* to *10-20-1936*I last saw him alive on *10-20-1936* Death is saidto have occurred on the date stated above, at *4 P. m.*

The principal cause of death and related causes of importance were as follows:

Atherosclerosis with hyper-tension & renal involvement

Date of onset

7 months

Other contributory causes of importance:

acute cardiac decompensation

Date of onset

*20 days*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

S. D. ... Medical Authority

Westerkam

✓ F 28368

F 28368

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Craig Ave. St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand J. Westerkam

If U. S. Veteran

specify WAR

(a) Residence: No. 5209 Craig Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Willinger

6. DATE OF BIRTH (month, day, year) April 14-1872

7. AGE 64 Years 6 Months 89 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Westerkam

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Westerkam (Address) 5209 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Oct. 26, 1936

19. UNDERTAKER E. Miller & Son (Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Coronary Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Schenker

1919 E. North Ave.

Coroner

M. D.

23 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28369

✓ F 28369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 014 Argyle Ave St. 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary L. Turner(a) Residence: No. 1014 Argyle Ave St. 17-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Turner

6. DATE OF BIRTH (month, day, year)

June 1870

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.66

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto.

FATHER

13. NAME

Benjamin Young

14. BIRTHPLACE (city or town) (State or country)

md

MOTHER

15. MAIDEN NAME

Annette Jackson

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Maria L. Oliver

(Address)

1627 McCulloch St

18. BURIAL, CREMATION, OR REMOVAL

Place

mt Auburn bet 2536

19. UNDERTAKER

(Address)

James A. Hayes142 W. 14th St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 18, 1936, to Oct 21, 1936I last saw her alive on Oct 21, 1936 Death is saidto have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage Oct 22

Other contributory causes of importance:

Hypertension
ArteriosclerosisWas an operation performed? no Date of

For what disease or injury?

Name of operation.

What test confirmed diagnosis? Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? / Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. Maceo Williams M. D.

(Address)

201 N. Carey St

24 1936

F 28370 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28370

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *8127 N. Guilmon* St., *16-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *5* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *8127 N. Guilmon* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write one word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Hannah*6. DATE OF BIRTH (month, day, year) *May 9, 1883*7. AGE Years *53* Months *5* Days *17* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0056*12. BIRTHPLACE (city or town) *VA* (State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *VA* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *VA* (State or country)17. INFORMANT *Hannah Gorsky*(Address) *8127 N. Guilmon St.*

18. BURIAL, CREMATION, OR REMOVAL

2271 Auburn Cem. Date *10/24/36*19. UNDERTAKER *Bernard P. Hennrich*(Address) *811 Broad St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22, 1936*22. I HEREBY CERTIFY, That I attended deceased from *July 25, 1936* to *Oct 22, 1936*I last saw him alive on *Oct 22, 1936* Death is said to have occurred on the date stated above, at *4* m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *A. P. Piffitt*

M. D.

(Address) *1536 W. Llewellyn St.*

Registrar.

FILED

OCT 24 1936

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

28371

E 28371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balto Genl Hosp 6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Resadrua. Inds* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 31st 1936*7. AGE Years *2* Months *22* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland.*13. NAME *Jos. Albert Correy.*14. BIRTHPLACE (city or town) (State or country) *R. O.*15. MAIDEN NAME *Louise Le Sueur*16. BIRTHPLACE (city or town) (State or country) *N. Y.*17. INFORMANT *Jos. Albert Correy* (Address) *Resadrua Inds*18. BURIAL, CREMATION, OR REMOVAL *Holy Cross A.C.C.* Date *10-24-36*19. UNDERTAKER *Edward C. Harber* (Address) *121 E. West St.*20. *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 23rd 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at *1:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Syphilis & Enteritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. Ham* Coroner M. D.(Address) *12157 Hanover*

OCCUPATION is very important. See instructions on back of certificate.

CT 24 1936

F 28372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28372

92a

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N Wolfe St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1701 N Wolfe St., 8-6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of Mrs. Elizabeth Bormuth

6. DATE OF BIRTH (month, day, year) Nov. 24 1874

7. AGE Years 61 Months 10 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 1063
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph Bormuth

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Catherine Grossman

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Elizabeth Bormuth (Address) 1701 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Oct. 26 1936

19. UNDERTAKER Holy Redeemer Sons, Inc. (Address) 1801 Eager St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1936

22. I HEREBY CERTIFY. That I attended deceased from Aug 10 1936 to Oct 23 1936

I last saw him alive on Oct 23 1936 Death is said to have occurred on the date stated above, at 10:00 AM

The principal cause of death and related causes of importance were as follows:

Permeious Anemia

Other contributory causes of importance:

Valvular Heart disease

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. East St.

24 1936

F 28373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28373

131

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md. (St. 16-1 Ward)

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James E. McKoy

(a) Residence: No. 1043 Harlem Ave. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annes McKoy

6. DATE OF BIRTH (month, day, year) Feb. 11, 1878

7. AGE Years 58 Months 8 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mailcarrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-21-36

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Louis McKoy

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Sarah ??

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Date 10/26 36

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstons St. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/36 22. I HEREBY CERTIFY, That I attended deceased from October 4, 1936 to October 21, 1936

I last saw him alive on October 21, 1936 Death is said to have occurred on the date stated above, at 8:20p m.

The principal cause of death and related causes of importance were as follows:

Nephritis, interstitial, chronic Cardiac disease, cardiorenal vascular

Other contributory causes of importance: Pericarditis, acute fibrinous

Date of onset

Indef.

1935

10-9-36

Was an operation performed? no Date of:

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T M N. A. dunn U.S. Marine Hospital

(Address)

M. D.

24 1936

13128374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28374

54B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Smith

(a) Residence: No. 932 Argyle west, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-4-88

7. AGE Years 47 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md (State or country)

13. NAME Alfred Wilson

14. BIRTHPLACE (city or town) md (State or country)

15. MAIDEN NAME Annie Madden

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place mt. Auburn Date 10/25/36

19. UNDERTAKER Thomas E. Kelton (Address) 303 Presstman St

20. FILED 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1936 to Oct 22 1936

I last saw him/her alive on Oct 22 1936 Death is said to have occurred on the date stated above, at 530 A m.

The principal cause of death and related causes of importance were as follows:

Post operative distention and paralytic ileus

Date of report 10-17-36

Other contributory causes of importance:

Was an operation performed? Yes Date 10-14-36

For what disease or injury? For removal of myomata uteri

Exploratory op. for cause of ileus?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, justify

(Signed) Raele C. Benson M. D.

(Address) Johns Hopkins Hospital

F 28375

✓ F 28375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Durham St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR

2. FULL NAME Henry Kimmerle

(a) Residence: No. 110 N. Durham

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Theresa Wolfe
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1834

| | | | |
|--------------|------------|----------------|---|
| 7. AGE 72 | Years 8 | Months Days | If LESS than 1 day.....hrs. or.....min. |
|--------------|------------|----------------|---|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore, Maryland.
(State or country)

13. NAME Bernhardt Kimmerle

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Katherine Sauer

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Elizabeth Kimmerle
(Address) 618 S. Montford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Cemeter 10/26/1936

19. UNDERTAKER H. Sander & Son, 1710 Fleet St.

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1936 to Oct. 22 1936

I last saw him alive on Oct. 11 1936. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

F 28376

28376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Anna Elizabeth Suitt(a) Residence: No. 1103 Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward W. Suitt6. DATE OF BIRTH (month, day, year) May 23, 18907. AGE Years 46 Months 5 Days - If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 102712. BIRTHPLACE (city or town) Mayo
(State or country) MarylandFATHER 13. NAME Joseph Behlke14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Minnie ?16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Edward W. Suitt
(Address) 1103 Patterson Park Ave.18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Date Oct. 23, 193619. UNDERTAKER Joseph D. Cook
(Address) 1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright Coroner(Address) 1010 S. Ellwood Ave.

M. D.

24 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

28377

CERTIFICATE OF DEATH

46 BF 28377

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 14-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Caroline (Kondner) Kondner

(a) Residence: No. 1832 Wilhelm St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Kondner Kondner

6. DATE OF BIRTH (month, day, year) July 15, 1867

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

69 69 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Ind.

13. NAME Henry Dickman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Sporer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Kondner Kondner

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Harry H. Litzke

(Address) 4101 Edmond Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936 to Oct 22, 1936

I last saw her alive on Oct 22, 1936 Death is said to have occurred on the date stated above, at 9:04 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma pyloric end of stomach

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) L. J. Battaglia M. D.

(Address) Franklin St. Hosp.

OCT 24 1936

28378

F 28378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2526 E. Monument St., Ward*)Length of residence in city or town where death occurred *4 yrs.* How long in U. S. If of foreign birth? *4 yrs.* mos. *0* da.

2. FULL NAME

(a) Residence: No. *2526 E. Monument St., Ward.* (If non-resident give city or town and State)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elias Pitipau*6. DATE OF BIRTH (month, day, year) *July 27-1859*7. AGE *77* Years *2* Months *15* Days *22* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *"*
10. Date deceased last worked at this occupation (month and year) *1936*
11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *Campbell*14. BIRTHPLACE (city or town) *Scotland* (State or country)15. MAIDEN NAME *Cath. Anderson*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Cath. Buscher* (Address) *2526 E. Monument St.*18. BURIAL, CREMATION, OR REMOVAL *New Cath.* Place *Oct. 26, 1936* Date19. UNDERTAKER *John A. Fagan* (Address) *1800 E. Baltimore St.*

CT 24 1936

H. E. Fagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 22, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 18, 1936* to *Oct 22, 1936*I last saw him alive on *Oct 22, 1936* Death is said to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Signed) *Robert Fisher* M. D.(Address) *1823 N. East St.*

F 28379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5620 Anthony Ave., St. 40-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Joseph Stephen Rosch(a) Residence: No. 5620 Anthony Ave., Balto., Md. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna Gomeringer
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 20, 18757. AGE Years 61 Months 3 Days 2 If LESS than 1 day,..... hrs. or..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning out toilets9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Excavator (retired)10. Date deceased last worked at this occupation (month and year) 1910 11. Total time (years) spent in this occupation 23 yrs.12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Charles Rosch14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Margaret Doney16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Joseph Rosch
(Address) 5620 Anthony Ave., Balto., Md.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Oct 26 193619. UNDERTAKER Lilly & Ziehl
(Address) 40-23 1st St. Baltimore, Md.20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 193622. I HEREBY CERTIFY. That I attended deceased from Oct. 15, 1936 to Oct. 22, 1936I last saw him alive on Oct. 22, 1936. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Post-operative hemorrhage

Date of onset

Oct. 22nd, 1936

Other contributory causes of importance:

Laryngeal tumorover 2 yrs.

(Pathological report not yet received)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

Signed) A. L. Williams, M. D.
(Address) 5713 Belair Rd., Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

83380 1268-9

F 28380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Eastern Ave. Ward 5)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Samuel Robert BohagerIf U. S. Veteran
specify WAR _____(a) Residence: No. 2226 Eastern Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) July 12 19357. AGE Years 1 Months 3 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

Samuel F. Bohager14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME

Mary M. Weber16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT

Mrs. Mary M. Bohager

(Address)

2226 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUSDate Oct. 26, 1936

19. UNDERTAKER

George A. Weber

(Address)

705 S. ...

20. DIED

Oct 24 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

pulmonary edema

Other contributory causes of importance:

Congestive Bronchitis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. W. Wright(Address) 1010 S. ...

Coroner

M. D.

28381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28381

CERTIFICATE OF DEATH

✓ 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Etting St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

(a) Residence: No. 2108 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Bessie Jones
(or) WIFE ofc. DATE OF BIRTH (month, day, year) 18897. AGE Years Months Days 11 LESS than 1 day, hrs. or min. 48

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 10, 193611. Total time (years) spent in this occupation 16 yrs12. BIRTHPLACE (city or town) Federalburg, Md.
(State or country)13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Julia Hubbard16. BIRTHPLACE (city or town) Federalburg Md.
(State or country)17. INFORMANT James W. Jones
(Address) 2108 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place The Calvary Date 10/26 193619. UNDERTAKER Wm. H. Jackson
(Address) 110 E. Main Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 23, 1936I last saw her alive on Oct 21, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

10/10/36

Other contributory causes of importance:

Acute Hepatitis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. H. Jackson M. D.
434 & 23 St.

24 1936

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9
28382

F 28382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 17-1 Ward)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Laura Blair

(a) Residence: No. 623 George St. St., 17-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Feb. 6, 1900

7. AGE Years 36 Months 8 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. Work
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jos. Blair

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Estelka Gains

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT C. Blair
(Address) 623 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 10/24 1936

19. UNDERTAKER Wm. J. Jackson
(Address) 916 Penn Ave

20. REGISTRAR Wm. J. Jackson
(Address) 916 Penn Ave

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1936 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Oct. 21, 1936 1936

Accident, suicide, or other: Accident Oct. 21, 1936 1936

Where did injury occur? 200 Block Rignel Al.
Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pipe fell from Bldg.

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: _____

(Signed) Wm. J. Jackson Coroner M. D.

(Address) 2752 N. Wm.

See instructions on back of certificate.

OCCUPATION is very important.

24 1936

28383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28383

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Sharp St. 22-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 704 Sharp St., _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

c. DATE OF BIRTH (month, day, year) 18897. AGE 47 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Va Freeman13. NAME Freeman14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Mandy16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Mettie Finney (Address) 704 Sharp St18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 10/24/3619. UNDERTAKER Isaiah L Brown & Son (Address) 108 W Montgomery St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/3622. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Oct 21 1936I last saw him alive on Oct 21 1936 Death is said to have occurred on the date stated above, at 930 A

The principal cause of death and related causes of importance were as follows:

Enter shock
Nephritis

Other contributory causes of importance:

UremiaWas an operation performed? No Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? L Date of injury L 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place L

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. H. Hamer M. D.(Address) 109 W. Hill St

FILED 1936

28384

F 28384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *23rd* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Anthony Hueslein

If U. S. Veteran

specify WAR

(a) Residence: No. *23 S. Chapel* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 22-1913*7. AGE Years *22* Months *10* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *paint mixer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto*13. NAME *Joseph Hueslein* 14. BIRTHPLACE (city or town) (State or country) *Balto*15. MAIDEN NAME *Catherine Benzinger* 16. BIRTHPLACE (city or town) (State or country) *Balto*17. INFORMANT *Catherine Benzinger* (Address) *238 Chapel St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Oct 26, 1936*19. UNDERTAKER *M. Arthur M. C. Doffel* (Address) *37 S. ...*20. REGISTRAR *...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 20, 1936* to *Oct 23, 1936*I last saw him alive on *Oct. 22, 1936* Death is said to have occurred on the date stated above, at *4 A.m.*

The principal cause of death and related causes of importance were as follows:

*Lobar pneumonia*Date of onset *10/16/36*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *...* M. D.(Address) *Sinai Hospital*

24 1936

28385

HEALTH DEPARTMENT—CITY OF BALTIMORE

28385

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *121 W. Burnette* *23-1* Ward)Length of residence in city or town where death occurred *32* yrs. How long in U. S. If of foreign birth? *32* yrs. mos. da.

2. FULL NAME

(a) Residence: No. *121 W. Burnette* St., *23-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced, HUSBAND of *John Reiter* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 2, 1888*7. AGE Years *48* Months *21* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Austria Hungary* (State or country)13. NAME *Frank Spears*14. BIRTHPLACE (city or town) *Austria Hungary* (State or country)15. MAIDEN NAME *Margaret Heiler*16. BIRTHPLACE (city or town) *Austria Hungary* (State or country)17. INFORMANT *Anton Papelon* (Address) *24 E. Broad St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Cross* Date *Oct 26 1936*19. UNDERTAKER *A. E. Gaudet & Sons* (Address) *1400 E. Charles St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 23 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 28 1936* to *Oct 23 1936*I last saw her alive on *Oct 23 1936* Death is said to have occurred on the date stated above, at *1:05 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage *1 yr*Other contributory causes of importance: *Hemiplegia* *1 yr*Was an operation performed? *No* Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? *No*

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *C. H. White* M. D.(Address) *1279 Milliam St.*

OCT 24 1936

28386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28386

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick Hospital 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--------------------------------|--|
| 3. SEX <u>F</u> | 4. Color or Race <u>Cul</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>William Monroe</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 20-1902</u> | | |
| 7. AGE <u>34</u> | Years <u>1</u> | Months <u>3</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) <u>Florence</u> | | |
| 13. NAME <u>Jack Woodberry</u> | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>SC</u> | | |
| 15. MAIDEN NAME <u>Annie Jackson</u> | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>SC</u> | | |
| 17. INFORMANT <u>Mrs Beegie Wilrent</u> (Address) <u>212 n Fremont Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>St Cabard</u> Date <u>Oct 26 1936</u> | | |
| 19. UNDERTAKER <u>Adolphus Hartwig</u> (Address) <u>418 South Bond St</u> | | |
| 20. FILED <u>1-24-1936</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, autopsy or Inquiry)obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Essential Hypertension

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? none Date ofFor what disease or injury? noneName of operation History Date ofWhat test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Coroner M. D.(Address) 507 Ansquith St

See instructions on back of certificate.

28387

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28387

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No.

Wilkins & Caton St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Martin A. Rauch

If U.S. Veteran specify WAR

(a) Residence: No.

2500 Wilkins Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color of Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

William Rauch

6. DATE OF BIRTH (month, day, year)

Jan 21, 1892

7. AGE

44

Years

Months

9

Days

1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Rugger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt.

13. NAME

Henry Rauch

FATHER

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

William Rauch
2500 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic

Date

10/26/36

19. UNDERTAKER

(Address)

J. H. H. S. Fink
2500 Wilkins Ave

20. FILED

24 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

October 20, 1936, to October 22, 1936.

I last saw him alive on October 22, 1936. Death is said to have occurred on the date stated above, at 4:22 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Disease
Pulmonary Tuberculosis
Cerebral Hemorrhage

Date of onset

1935

1933?

10/18/36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Louis J. Shuehly, M.D.

(Address)

St Agnes Hospital

28388

F 28388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH *St. Agnes Hospital*CITY OF BALTIMORE: (No. *Wilkins Ave.* St. *25-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Joseph Burroughs*If U.S. Veteran
specify WAR(a) Residence: No. *St. Marys Old School St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Child</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Apr 13/28</i> | | |
| 7. AGE Years <i>8</i> Months <i>6</i> Days <i>8</i> | If LESS than 1 day, <i>0</i> hrs. or <i>0</i> min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) *Wash. D.C.*
(State or country)13. NAME *William G. Burroughs*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Catherine G.*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Bro. J. Fidelis*
(Address) *St. Marys Old School*18. BURIAL, CREMATION, OR REMOVAL
Place *Cathedral Cem.* Date *Oct. 26, 1936*19. UNDERTAKER *Chas. H. Francis & Son*
(Address) *1811 Wilkins Ave.*20. HI 10 *24 1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 23*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10/21/36*, 19*36*, to *10/23*, 19*36*I last saw him alive on *10/23*, 19*36*. Death is said to have occurred on the date stated above, at *7:25 P.M.*

The principal cause of death and related causes of importance were as follows:

Volvulus Intestinal Obstruction
Circulatory Failure

Date of onset

*10/18/36**10/23/36*

Other contributory causes of importance:

Intestinal obstruction
*Postoperative adhesions**10/18/36**Oct. 1935*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so specify,

(Signed)

(Address)

Louis S. Lewellyn
St. Agnes Hospital

F 28389

F 28389 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital - 2* St., *2* Ward)Registered No. *108*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *4* mos. *10* ds. How long in U. S. If of foreign birth? yrs. *4* mos. *10* ds.2. FULL NAME *Lawrence*

If U.S. Veteran specify WAR

(a) Residence: No. *107 No Pearl St.*St., *2* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 27, 1936*7. AGE Years *13* Months *26* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)13. NAME *Joseph Vance*14. BIRTHPLACE (city or town) *Italy*
(State or country)15. MAIDEN NAME *Rose Palla*16. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)17. INFORMANT *M. Joseph Vance*
(Address) *107 No Pearl St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic* Date *10/26/36*19. UNDERTAKER *John J. Corcoran & Son*
(Address) *904 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 22, 1936* to *Oct 23, 1936*I last saw him alive on *Oct 23, 1936* Death is said to have occurred on the date stated above, at *11:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia (Lobar)*Date of onset *10/18/36*

Other contributory causes of importance:

*Acute Bronchitis**Obtuse Media, bilateral*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *1936*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

L. F. Reiman
Mary Hop

M. D.

OCCUPATION is very important. See instructions on back of certificate.

24 1936

28390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28390

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SEVILLE APRTS.

St. 13th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 1460 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY R. JANDORF?

If U. S. Veteran

specify WAR

(a) Residence: No. Seville Apts

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of RENA JANDORF. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 4th. 1868.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 68 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Shoes Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Reuben Jandorf,

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Sallie Cohen,

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mr. J. Jandorf. (Address) Seville Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Oct. 25, 1936

19. UNDERTAKER David Bondaruk & Son (Address) 1902 Eutaw Place.

20. HUSBAND'S NAME (Address) 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23rd. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 - 1936 to Oct. 23, 1936.

I last saw him alive on Oct. 23, 1936. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Decompensation - Date of onset Oct. 23, 1936
Chronic myocardial disease Oct. 1925

Other contributory causes of importance:

Arterio Sclerosis - ?

Was an operation performed? No - Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Loomis - M. D.

(Address) 1327 Park Ave.

28391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28391

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Mt. Airy Ward. Mt.
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Amos L. Young

6. DATE OF BIRTH (month, day, year)

18737. AGE Years 63 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Phil Meyer14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Caroline V16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Amos L. Young
(Address) Mt. Airy Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Oct 26, 193619. UNDERTAKER G. M. Nally
(Address) Winfield Md.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-193622. I HEREBY CERTIFY, That I attended deceased from 10-18-36 19 to 10-23 1936I last saw her alive on 10-23 1936. Death is said to have occurred on the date stated above, at 10 AM.

The principal cause of death and related causes of importance were as follows:

Pellagra
Brucella pneumonia

Date of onset

Other contributory causes of importance:

InsanitationWas an operation performed? None Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Carter M. D.(Address) University Hospital

T 25 1936

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* 8-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1510 2 E. Oliver* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *October 24th 1936*

7. AGE Years Months Days If LESS than 1 day, 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Carl M. McCoy*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Delia McCoy*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT *Carl M. McCoy*
(Address) *1510 2 E. Oliver St.*18. BURIAL, CREMATION, OR REMOVAL
Place *New Catholic* Date *October 25th*19. UNDERTAKER *George W. Brummett*
(Address) *1335 Howard St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 24* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 23* 19*36* to *Oct 24* 19*36*I last saw him alive on *Oct 24* 19*36* Death is saidto have occurred on the date stated above, at *250* AM.

The principal cause of death and related causes of importance were as follows:

Miscarriage 5 1/2 mo
(Prematurity)

Other contributory causes of importance:

*Miscarriage 5 1/2 mo*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George W. Brummett* M. D.(Address) *St. Joseph's Hospital*

T 25 1936

28393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28393

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward *2*)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *63* yrs. *3* mos. *24* ds.

2. FULL NAME

*Sallie O'Fallon Mullikin**No War Service*(a) Residence: No. *St. James Apartments*St. *5-30 N. Charles St.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Charles Mullikin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 29/1873*7. AGE Years *63* Months *3* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as apothecary, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *none*11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *St. Louis*
(State or country) *Mo.*13. NAME *Berj O'Fallon*14. BIRTHPLACE (city or town) *St. Louis*
(State or country) *Mo.*15. MAIDEN NAME *Mary Carter*16. BIRTHPLACE (city or town) *St. Louis*
(State or country) *Mo.*17. INFORMANT *Mr. Horace L. Fallon*
(Address) *453 Chesapeake St. St. Louis*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Louis Mo* Date *Aug 24/1936*19. UNDERTAKER *Stewart & Sons*
(Address) *108 W. Market St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *September 7, 1936* to *October 23, 1936*I last saw her alive on *October 23, 1936* Death is said to have occurred on the date stated above, at *11:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral arteriosclerosis
Cerebral hemorrhage
Aspiration asphyxia*

Date of onset

*10/23**10/23*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) *Union Memorial Hosp.*

25. FILED 1936

H. E. Fisher, William

HEALTH DEPARTMENT—CITY OF BALTIMORE

28394

CERTIFICATE OF DEATH

F 28394

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *11* mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Rosalie Bernette Le Compte*

(a) Residence: No. *1214 Fairfield Road* St., *mt Washington* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 7-1935*

7. AGE Years *0* Months *11* Days *17* If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

13. NAME *William H. Le Compte*

14. BIRTHPLACE (city or town) *Ches ter town* (State or country) *md*

15. MAIDEN NAME *Dorothy Schmitt*

16. BIRTHPLACE (city or town) *Philadelphia* (State or country) *Penn.*

17. INFORMANT *William H. Le Compte*

(Address) *1214 Fairfield Road*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wesley Chapel Kent Co. Oct 26, 36*

19. UNDERTAKER *Wm. J. Lister & Sons*

(Address) *mt Washington, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-24*, 1936

22. I HEREBY CERTIFY, That I attended deceased from *9-11*, 1936, to *10-24*, 1936.

I last saw her alive on *10-24*, 1936 Death is said to have occurred on the date stated above, at *3 1/2* m.

The principal cause of death and related causes of importance were as follows:

Dysentery, bacillary [Hiss-Russell]

Date of onset

9-8-36

Other contributory causes of importance:

Broncho pneumonia, bilateral

10-19-36

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Cause) *Exhaustion* M. D.

(Address) *Union Memorial Hosp*

OCCUPATION is very important. See instructions on back of certificate.

25-1936

28395

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28395

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Cator Ave St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 years How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Arauces E. Love

If U.S. Veteran

specify WAR

(a) Residence: No.

605 Cator Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Wm. A. Love
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec. 25, 1862

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.73929

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chas Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

J. R. Sherwood

10. Date deceased last worked at this occupation (month and year)

Washington

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

FATHER

13. NAME

Curtis

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mrs. Ida Barry

18. BURIAL CREATION OR REMOVAL

Place

New Cathedral

19. UNDERTAKER

(Address)

Wm. McKee Sons

20. FILED

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from

1 - 14 - 1936 to 10 - 23 - 1936I last saw him alive on 10 - 18 - 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cardio-vasculo-renal disease

Date of onset

Unknown

Other contributory causes of importance:

apoplexy10/11/36Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Bro. B. Sybert M. D.
2802 Hayford Ave

OCCUPATION is very important. See instructions on back of certificate.

28396 HEALTH DEPARTMENT—CITY OF BALTIMORE 28396

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bon Secours Hosp*
 CITY OF BALTIMORE: (No. *Baeto Md.* St. *28* Ward *4*)
 Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.
 2. FULL NAME *Mrs Kate Wilson*
 (a) Residence: No. *712 Winans Way* St. *Hunting Ridge Md.* Ward *7*
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. *59*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 6a. If married, widowed, or divorced HUSBAND of *Herbert W. Wilson* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April, 1868*
 7. AGE Years *68* Months *6* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years, months, days) spent in this occupation

12. BIRTHPLACE (city or town) *New Freedom* (State or country) *Frederick Co. Md.*

13. NAME *Madison R. Day*
 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME
 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Mr. H. R. D. Wilson* (Address) *712 Winans Way*

18. BURIAL, CREMATION, OR REMOVAL Place *Louisa Park* Date *Oct 26 1936*

19. UNDERTAKER *Wm. H. Meyer Sons* (Address) *Huntington, Md.*

20. FILED *28396* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 24*, 19*36*
 22. I HEREBY CERTIFY, That I attended deceased from *Oct 5*, 19*36* to *Oct 24*, 19*36*
 I last saw him alive on *Oct 24*, 19*36* Death is said to have occurred on the date stated above, at *4:45* m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis - decompensation
Arteriosclerosis
 Other contributory causes of importance:
Renal insufficiency

Date of onset
9-1-36
1-36
10-1-36

Was an operation performed? *No* Date of
 For what disease or injury?

What test confirmed diagnosis *Clinical* as there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
 (Signed) *Simon J. Kemp* M. D.
 (Address) *Bon Secours Hosp*

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

283977
320327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28397

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____

St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Selma Gitomer(a) Residence: No. 1531 Hutchinson St.,Ward. Phila Pa

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10-10-287. AGE Years 8 Months _____ Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) N. J.13. NAME Aaron Gitomer14. BIRTHPLACE (city or town) _____ (State or country) Russia15. MAIDEN NAME Betty Raskey16. BIRTHPLACE (city or town) _____ (State or country) Argentina17. INFORMANT Records

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

Place Marble CityDate 10/28/3619. UNDERTAKER Jack Lewis(Address) 11439 E. Balla St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Oct 25, 1936I last saw her alive on Oct 25, 1936 Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

Cerebellar glioma

Date of onset

3 yrs ago

Other contributory causes of importance: _____

Was an operation performed? YesDate of 10-24-36For what disease or injury? Removal of tumorWhat test confirmed diagnosis? OperationWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) _____

(Address) _____

A. F. Jonas Jr.
Johns Hopkins Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

23 FILED

28398

Aron Bernstein

F 28398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Sgr. Hosp.

CITY OF BALTIMORE: (No.

St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S. If of foreign birth? 40 yrs.

mos.

ds.

2. FULL NAME

Aron Bernstein

(a) Residence: No.

2111 Orleans St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Rebecca Bernstein

6. DATE OF BIRTH (month, day, year)

7. AGE

64 Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Poland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Carmel

Date

10/25/36

19. UNDERTAKER (Address)

Jack Leise Inc 11432 E. Baltimore

20. FILED

Franklin Sgr. Hosp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 19, 1936, to Oct 24, 1936.

I last saw him alive on Oct 24, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis & senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. S. Battaglia

M. D.

(Address)

Franklin Sgr. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

28399

F 28399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19. Ward)Length of residence in city or town where death occurred 20 Yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alfred M. Epp(a) Residence: No. 118 S. Mount St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Barbara E. I. Epp
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 23, 18977. AGE Years 39 Months 1 Days 19 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist Helper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Kansas
(State or country)13. NAME Simon Epp14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Rosa Phillip16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs B. E. Epp
(Address) 118 S. Mount St.18. BURIAL, CREMATION, OR REMOVAL
Place Mount Bethel Date 10/16/3619. UNDERTAKER Harry H. Gutzke
(Address) 9101 Edmond Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1936, 1922. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry therein and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage from MouthProbably Rupture ofAneurysm

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

28400

JOAN LEE VINYARD
302 W. LORRAINE AVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28400

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *119*)Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *24* mos. *24* ds. How long in U. S. If of foreign birth? *24* yrs. *24* mos. *24* ds.

2. FULL NAME

(a) Residence: No. *302 W. Lorraine St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug. 29-1936*7. AGE *1* Years *24* Months *24* Days If LESS than 1 day, *24* hrs. or *24* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

MOTHER FATHER

13. NAME *Charles P. Vinyard*14. BIRTHPLACE (city or town) *Delaware* (State or country)15. MAIDEN NAME *Helen E. DuBois*16. BIRTHPLACE (city or town) *New York* (State or country)17. INFORMANT *Mrs. Charles P. Vinyard*(Address) *302 W. Lorraine Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hoodlawn* Date *Oct. 26, 1936*19. UNDERTAKER *Horace F. Burgee*(Address) *3631 Falls Road*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *80-29-36* 19 to *10-23-36*I last saw him alive on *80-23-36* 196 Death is said to have occurred on the date stated above, at *9 p. m.*

The principal cause of death and related causes of importance were as follows:

Prematurity, gastro-enteritis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. P. Stephens* M. D.
(Address) *McGraw-Hill*

20. FILED

CT 25 1936

19

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 28401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28401

CERTIFICATE OF DEATH

46-B-16905

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 life Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Long

If U. S. Veteran specify WAR

(a) Residence: No. 774 W. Franklin St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Oct. 25, 1888

7. AGE Years 52 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Perry Parran (d)

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Morris (d)

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Oct. 27, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schreder St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1936 to 10-23, 1936

I last saw her alive on 10-23, 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary of stomach 8 mos.

Other contributory causes of importance:

Sanitation 6 mos.

Was an operation performed? yes Date of 9-30-36

For what disease or injury? Coronary of stomach

What test confirmed diagnosis? operation where an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D. Hooper (Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

CT 25 1936

F 28402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28402

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Holbrook St., 9-9 Ward)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Catherine F. Murphy

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR No Record(a) Residence: No. 1540 Holbrook St., _____ Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, state name of husband or (or) WIFE of Jeremiah Murphy6. DATE OF BIRTH (month, day, year) Nov 18667. AGE Years 69 Months 11 Days 2 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Oct 1936 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Melodine N. Stewart
(Address) Belair Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 26, 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 193622. I HEREBY CERTIFY, That I attended deceased from August 10, 1936 to Oct 23, 1936I last saw her alive on Oct 23, 1936 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

July '36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Amel M. M. M.D.(Address) 1331 E. North An

OCCUPATION is very important. See instructions on back of certificate.

F 28403

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28403

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Bellamy Ave 27-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2829 Bellamy Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan-19-19357. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 9 48. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
None12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Edward M. Busch14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Frances Jett16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Thomas M. Busch
(Address) 2829 Bellamy Ave18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Ave Oct-26-193619. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 23, 1936I last saw him alive on Oct. 23, 1936 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Oct. 22, 1936Other contributory causes of importance: noneName of operation Cervical Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) S. A. Alessi, M.D.(Address) 6217 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

66193 130

1936 REGISTRAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28404

CERTIFICATE OF DEATH

Registered No. 28404

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 N. Patterson Park Ave. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1219 N. Patterson Park Ave. Ward. (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1891

7. AGE Years 45 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Wiegman
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emma Wiegman
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William Wiegman (Address) 1219 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Morningside Cemetery Date Oct 27, 1936

19. UNDERTAKER John C. Miller (Address) 2435 E. Olney St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Oct 24, 1936.

I last saw him alive on Oct 19, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

cardiac dilatation ventricle

Other contributory causes of importance: coronary thrombosis

Was an operation performed? no Date of

For what disease or injury?

Physician's Sign. Was there an autopsy? no

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) J. E. Hager M. D.

(Address) 1301 N. Patterson Park Ave.

CT 25 1936

F 28405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* St. *79* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *903 N. Duncan St.* Ward. *79* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Divorced*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 2, 1879*7. AGE Years *56* Months *10* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Stone Works*10. Date deceased last worked at this occupation (month and year) *Oct 24, 36* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Anthony Lightner*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Carrie Lightner* (Address) *903 N. Duncan St.*18. BURIAL, CREMATION, OR REMOVAL Place *Trinity Cem.* Date *Oct 27, 1936*19. UNDERTAKER (Address) *John C. Miller 2435 E. Oliver St.*20. FILED *25-1000*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 24, 1936*

22. I HEREBY CERTIFY, That I have chosen of the remedies described above, held an (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Apoplexy *Arteriosclerosis*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Wm. H. Davidson* M. D. Coroner(Address) *Coroner*

28406

HEALTH DEPARTMENT—CITY OF BALTIMORE

28406

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Newick Road St. 6 Ward 6)Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Henry W. Jackson(a) Residence: No. 3403 Newick Road St. 6 Ward 6

(Usual place of abode)

Ward 6

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Jackson6. DATE OF BIRTH (month, day, year) Aug 15 18647. AGE 72 Years 2 Months 9 Days If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) retired
11. Total time (years) spent in this occupation retired12. BIRTHPLACE (city or town) md
(State or country)13. NAME John T. Jackson
FATHER14. BIRTHPLACE (city or town) md
(State or country)15. MAIDEN NAME Matilda Willis
MOTHER16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Eliza Jackson
(Address) 3403 Newick Road18. BURIAL, CREMATION, OR REMOVAL Wm. W. Thompson Date Oct 26, 193619. UNDERTAKER Thompson
(Address) 3611 E. McMillan Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 193622. I HEREBY CERTIFY, That attended deceased from May 4, 1935 to Oct 24, 1936I last saw him alive on Oct 23, 1936 Death is said to have occurred on the date stated above, at 6:28 a.m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
arterio-sclerosis
acute Cardiac dilatation
Date of onset 10-20-36

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation clinical Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Wm. W. Thompson M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

OCT 25 1936

Register

F 28407 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28407

72-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 27-10 Ward)
Baltimore, Maryland
Length of residence in city or town where death occurred: 2 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William J. Walker

If U.S. Veteran specify WAR World War

(a) Residence: No. 610 Radnor Ave., Baltimore, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vergie Sincos

6. DATE OF BIRTH (month, day, year) September 14, 1886

7. AGE Years 50 Months 1 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawy, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country) New York

13. NAME Charles H. Walker
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine Mitchell
16. BIRTHPLACE (city or town) New York City
(State or country) New York

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 3615-17 Chestnut Ave.
20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1936

22. I HEREBY CERTIFY. That I attended deceased from August 28, 1936, to October 23, 1936.

I last saw him alive on October 23, 1936. Death is said to have occurred on the date stated above, at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

Hodgkin's disease

Date of onset Unknown

Other contributory causes of importance:

Arteriosclerosis, general

Unknown

Cardiac hypertrophy and dilatation July 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) U.S. Marine Hospital - Baltimore, Maryland

M. D.

✓ F 28408

28408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Inf.

CITY OF BALTIMORE: (No.

Broadway

St. 16-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Esther Green Howard

(a) Residence: No.

550 Park Ave., New York City

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Leiton Howard

6. DATE OF BIRTH (month, day, year)

Apr. 16-1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

41 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country)

Chicago Ill.

13. NAME

Adolph Green

14. BIRTHPLACE (city or town) (State or country)

Mass

15. MAIDEN NAME

Esther M. Walsh

16. BIRTHPLACE (city or town) (State or country)

Chicago Ill.

17. INFORMANT (Address)

Leiton Howard

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Date Oct 25, 1936

19. UNDERTAKER (Address)

Arthur J. Lopez

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1936, to Oct. 25, 1936

I last saw her alive on Oct. 25, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction due to postoperative adhesions

Other contributory causes of importance:

Rosemia

Name of operation: S. Release of adhesions

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Wesley J. Ketz

(Address) Church Home & Inf.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

28409

16757

F 28409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William Butler(a) Residence: No. 525 N. Carey St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|--|
| 3. SEX M | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) 2-4-1889 2/4/1889 | | |
| 7. AGE 47 | Years 3 | Months 17 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Schucker | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CO 49 |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME John (Deceased)14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Jane Jenney16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ave Date 10/26 193619. UNDERTAKER Charles Cooper
(Address) 514 N. Calhoun St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 193622. I HEREBY CERTIFY. That I attended deceased from 8-29 1936 to 10-21 1936I last saw him alive on 10-21 1936 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (non syphilitic)
Cerebral Thrombosis (old, non-syphilitic)Date of onset
10-20-36Mar. 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John L. Kamey M. D.(Address) Baltimore City Hospital

T 26 1936

Registrar

F 28410 HEALTH DEPARTMENT—CITY OF BALTIMORE 28410

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Phillip Gray

If U.S. Veteran specify WAR _____

(a) Residence: No. 1037 Brantley Ave.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 1871 ?

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. 65 ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME James

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Sadie Moore

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT B. C. H. Records

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL At home

19. UNDERTAKER James H. Moore

(Address) 818 Brantley Ave.

(Address) _____

(Address) _____

(Address) _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1934 to 10-23, 1936

I last saw him alive on 10-23, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy Date of onset 1 yr.

Other contributory causes of importance:

Bronchopneumonia 3 days

Was an operation performed? yes Date of 9-21-36

For what disease or injury? retention

What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Moore M. D.

(Address) Balt. City Hosp.

(Address) _____

(Address) _____

FILED 26 1936

Registrar.

28411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 E. Baltimore St., 6-5 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1612 E. Baltimore St., 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Rebecca Sweren</u> (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>1861</u> | | |
| 7. AGE | Years <u>75</u> | Months Days If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Turner</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>108</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Poland</u> | | |
| FATHER | 13. NAME <u>Joseph Sweren</u> | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Poland</u> | |
| MOTHER | 15. MAIDEN NAME <u>Bessie ?</u> | |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Poland</u> | |
| 17. INFORMANT (Address) <u>Joseph Sweren</u> <u>4400 Springdale Ave.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Hellawood Cemetery</u> Date <u>Oct 26</u> 19 <u>36</u> | | |
| 19. UNDERTAKER (Address) <u>S. Lerman Bros</u> <u>1127 E. Balt. St.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/36, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Schubert(Address) 1919 E. North Ave.

Coroner

M. D.

20 1936

1936

OCCUPATION is very important. See instructions on back of certificate.

28412

F 28412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **914 S. Baylis** St., **16-9** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of a number.)

Length of residence in city or town where death occurred **53** yrs. **131** mos. **131** ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

JOHN MILLER

If U. S. Veteran

specify WAR

(a) Residence: No. **914 S. Baylis** St., **16-9** Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced **Married**5a. If married, widowed, or divorced
HUSBAND of **Mary E. Miller**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **June 23.1869**7. AGE **67** Years **4** Months **0** Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Foreman
sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, Copper Works
saw mill, bank, etc.10. Date deceased last worked at this occupation (month and year) **Aug. 1932** 11. Total time (years) spent in this occupation **25 yrs**12. BIRTHPLACE (city or town) **Germany**
(State or country)13. NAME **Michael Miller**14. BIRTHPLACE (city or town) **Germany**
(State or country)15. MAIDEN NAME **Not Known**16. BIRTHPLACE (city or town) **Germany**
(State or country)17. INFORMANT **Mrs. Mary E. Miller (Wife)**
(Address) **914 S. Baylis St.**18. BURIAL, CREMATION, OR REMOVAL
Place **1st Evangelical Cem.** Date **Oct. 16, 1936**19. UNDERTAKER **HENRY SANDER & SONS, INC.**
(Address) **Baltimore & Broadway.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Oct. 23. 1936**22. I HEREBY CERTIFY, That I attended deceased from **4/22/36** 19 to **10/23/36** 19I last saw him alive on **10/21/36** 19. Death is said to have occurred on the date stated above, at **11.30a.m**

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration, Chronic Myocarditis and Chronic Nephritis

Date of onset

Other contributory causes of importance:

Acute Corneal degeneration

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**(Signed) **J. P. Conking**(Address) **633-S. Conking**

M. D.

FILED **7-26-1936**

Registrar.

F 28413

F 28413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)Length of residence in city or town where death occurred 4 yrs. How long in U. S. If of foreign birth? 4 yrs. mos. da.If U. S. Veteran
specify WAR2. FULL NAME Rosie Wolfram(a) Residence: No. 1736 Ruxton Ave. St. 15-3 Ward. 15-3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Emanuel Wolfram
(or) WIFE6. DATE OF BIRTH (month, day, year) Oct. 12, 18667. AGE Years 76 Months 13 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Leonor Heilner14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mr. J. H. Grose (Address) 1736 Ruxton Ave.18. BURIAL, CREMATION, OR REMOVAL Baltimore Date Oct. 27, 193719. UNDERTAKER David Anderson, Son (Address) 1902 Eutar Place20. FILLED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 25 36, 1922. I HEREBY CERTIFY, That I attended deceased from 10-18-36, 19, to 10-25-36, 19.Last saw him alive on 10-25-36, 19. Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

coronary thrombosis

Date of onset

10-12-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Alfred S. Schuray M. D.(Address) Sinai Hosp.

CT 26 1936

28414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1324 Eutan Place* St. *3* Ward)Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Fannie Frances Goldsmith

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No.

*3010 Wackerly Pl*St. *1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Joseph Goldsmith*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *54* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home life*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Bath Ind.*
(State or country)13. NAME *George Bricker*14. BIRTHPLACE (city or town) *Bath Ind.*
(State or country)15. MAIDEN NAME *Sarah Batten*16. BIRTHPLACE (city or town) *Bath Ind.*
(State or country)17. INFORMANT *Joseph Goldsmith*
(Address) *Husband*18. BURIAL, CREMATION, OR REMOVAL *10-27-36*
Date *Bath Ind.* Date19. UNDERTAKER *Frank Lewis Inc.*
(Address) *1439 E. Pratt St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/28, 1936*22. I HEREBY CERTIFY, That I attended deceased from *March 3, 1936* to *10/28, 1936*I last saw him alive on *10/28, 1936* Death is said to have occurred on the date stated above, at *1:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Other contributory causes of importance:

*acute Cardiac Distention*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *Clinical* as there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injuryWhere did injury occur? *no*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *no*Manner of injury *no*Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify *no*(Signed) *J. L. Littenman* M. D.(Address) *1304 E. Chase*

OCCUPATION is very important. See instructions on back of certificate.

OCT 26 1936

28415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

South Baltimore General Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby King

(a) Residence: No. 6306 Arundel Ave. St.

Ward. Arundel Ave. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

9/23/36

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/23/36, 19 to 10/24/36, 19

I last saw her alive on 10/24/36, 19 Death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? y/n

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2036 Lapasco Ave

See instructions on back of certificate.

OCCUPATION is very important.

3

CT 26 1936

F 28416

F 28416 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 598 W. Preston St. St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred five mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 598 W. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 18917. AGE Years 45 Months 4 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address) Mrs. Georgianna Lockey
598 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 10-27 1936

19. UNDERTAKER

(Address) Francis A. Hemmley
378 W. Middle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 193622. HEREBY CERTIFY That I attended deceased from July 25 1936 to Oct 23 1936I last saw him alive on Oct 23 1936 at 1045 PM Death is said to have occurred on the date stated above, at 1045 PM

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Other contributory causes of importance:

Was an operation performed? Yes

Date of

For what disease or injury?

Name of operation Yes

Date of

What test confirmed diagnosis Yes

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Lockey(Address) 157 E. ...

M. D.

OCT 26 1936

38417¹³
39417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28417

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hall

(a) Residence: No. 1514

Harlem Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/76

7. AGE Years 60 Months Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Hannah Hall

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Not Buried Date: 10-28, 1936

19. UNDERTAKER James A. Hemmley (Address) 578 N. Middle St.

20. FILED At Johns Hopkins Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-12, 1936 to Oct-24, 1936

I last saw him alive on Oct-24, 1936 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset 1 year

Other contributory causes of importance:

lobular pneumonia; post operative 5 days

Was an operation performed? yes Date of 10-19-36

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) David H. Brown M. D.

(Address) Johns Hopkins Hospital

CT 26 1936

F 28418

F 28418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 N. Mulberry St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 653 N. Mulberry St. 4-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18797. AGE 57 Years Months Days If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ind. (State or country)13. NAME Henry L. Beyer14. BIRTHPLACE (city or town) Ind. (State or country)15. MAIDEN NAME Mary E. Johnson16. BIRTHPLACE (city or town) Ind. (State or country)17. INFORMANT Mrs. Louis H. Eng.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 2nd Auburn CemDate 10-26-193619. UNDERTAKER Francis A. Hensley(Address) 578 N. Middle St.20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 193622. I HEREBY CERTIFY. That I attended deceased from Sept 30, 1936, to Oct 22, 1936.I last saw him alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

TyphoidName of operation Physician Date of 10What test confirmed diagnosis Physician Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19Where did injury occur? No (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoManner of Injury NoNature of Injury No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Hensley

M. D.

(Address) 501 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

28419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28419

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *17-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mildred Jones

If U.S. Veteran specify WAR

(a) Residence: No. *1111 Brewer St*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 12 1926*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *2*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt Md*13. NAME *Thomas Jones*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Lavinia Knox*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT (Address) *Thomas Jones - 1111 Brewer St*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Louis Cemetery* Date *Oct 26 1936*19. UNDERTAKER (Address) *St. Louis Cemetery*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 23 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 12 1936* to *Oct 23 1936*I last saw her alive on *Oct 23 1936* Death is said to have occurred on the date stated above, at *12 Noon*

The principal cause of death and related causes of importance were as follows:

Haemorrh (infectious)

Date of onset

Other contributory causes of importance:

*Rectal prolapse*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

26 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *McL. Gen. Hosp.* St., *26-5* Ward)Registered No. *28420*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *6224 Eastern ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *—*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10-22-36*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *Stewart R. Scott*14. BIRTHPLACE (city or town) *md.* (State or country)15. MAIDEN NAME *Norma L. Williams*16. BIRTHPLACE (city or town) *md.* (State or country)17. INFORMANT *Stewart R. Scott* (Address) *6224 Eastern ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Trinity Elm.* Date *Oct 3 1936*19. UNDERTAKER *George V. Zupler* (Address) *1777 E. Equi St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-23-36*22. I HEREBY CERTIFY, That I attended deceased from *10-22-36*, 19, to *10-23-36*, 19.I last saw him alive on *10-23-36*, 19. Death is said to have occurred on the date stated above, at *12:45* m.

The principal cause of death and related causes of importance were as follows:

Prematurity (5 mos)

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation *clm* Date ofWhat test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

23 1936

OCCUPATION is very important. See instructions on back of certificate.

28421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1030 Wolfe* St., *7-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1030 Wolfe* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Caucasian* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Nora Robinson*6. DATE OF BIRTH (month, day, year) *March 1872*7. AGE *64* Years *7* Months *7* Days If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Just Dealer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *March 1936* 11. Total time (years) spent in this occupation *20 yrs.*12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Nora Robinson*
(Address) *1042 Wolfe St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Calvary* Date *10/27/36*19. UNDERTAKER *John H. Jones & Son*
(Address) *608 N. Calver*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 24, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 18, 1936* to *Oct 24, 1936*I last saw him alive on *Oct 24, 1936* Death is said to have occurred on the date stated above, at *12:10 P.M.*

The principal cause of death and related causes of importance were as follows:

Gastric hemorrhage Date of onset *10/23/36*

Other contributory causes of importance:

Peptic Ulcer ?Was an operation performed? *NO* Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? *NO* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Francis B. Luke, M.D.*(Address) *1741 E. Eager St.*

OCCUPATION is very important. See instructions on back of certificate.

OCT 26 1936

28422

F 28422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 96 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William J. Carrigan

If U. S. Veteran specify WAR

(a) Residence: No. 3411 Dillen

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Caroline (or) WIFE of6. DATE OF BIRTH (month, day, year) July 18 18957. AGE Years 41 Months 3 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public City School

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME George14. BIRTHPLACE (city or town) Baltimore (State or country) MD15. MAIDEN NAME Elizabeth Threland16. BIRTHPLACE (city or town) Baltimore (State or country) MD17. INFORMANT Ms. Caroline Carrigan (Address) 3411 Dillen St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Oct 28 193219. UNDERTAKER George W. Zirkler (Address) 1227 E. Bay St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 193222. I HEREBY CERTIFY, That I took charge of the remains described above, held as inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Coronary arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. M. Wright

Coroner

M. D.

(Address)

101 S. Belmont St.

OCCUPATION is very important. See instructions on back of certificate.

CT 28 1336

28423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 N. Bentall St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME

Hannah Maria LeCompteNo War Service(a) Residence: No. 1308 N. Bentall St. St., 16-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John C. LeCompte6. DATE OF BIRTH (month, day, year) Dec - 14 - 18657. AGE Years 70 Months 10 Days 9 If LESS than 1 day, ? hrs. or ? min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co. Md. (State or country)13. NAME Jacob Corsey14. BIRTHPLACE (city or town) Dorchester Co. Md. (State or country)15. MAIDEN NAME Irene Moore16. BIRTHPLACE (city or town) Dorchester Co. Md. (State or country)17. INFORMANT Mrs. Irene E. LeCompte (Address) 1008 N. Bentall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/24/3619. UNDERTAKER Stewart & Mowen Company (Address) 108-20 North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 193622. I HEREBY CERTIFY, That I attended deceased from 26 to Oct 23, 1936I last saw him alive on Oct 22, 1936 Death is saidto have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Coronary of Intestines

Date of onset

1 yr

Other contributory causes of importance:

Myocarditis -
atherosclerosis1 yrName of operation ? Date of ?What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of Injury 19Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Long M. D.(Address) 677 N. ...

12-20-1936

H. E. ...

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28424

F 28424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 10-1*) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. How long in U. S. If of foreign birth *45* yrs. mos. ds.

2. FULL NAME

Charles B. Brunner(a) Residence: No. *1019 Somerset* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Mr. Anna B Brunner* (or WIFE of)6. DATE OF BIRTH (month, day, year) *May 14 1872*7. AGE Years *64* Months *5* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *4000*12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *John Brunner*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Rosa Geisel*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mr. Anna B Brunner* (Address) *1019 Somerset St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer Ch.* Date *Oct. 28* 1919. UNDERTAKER *Henry Brock Bros, Inc.* (Address) *1301 E. Gay St.*20. REGISTRAR *William Williams* (Address) *4810 Melrose Rd*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 25*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 15*, 19*36*, to *Oct. 25*, 19*36*I last saw him alive on *Oct. 25*, 19*36*. Death is said to have occurred on the date stated above, at *10:07* A. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease
Cerebral Arteriosclerosis
*Cerebral Edema*Other contributory causes of importance:
*Terminal Broncho-pneumonia 2 days*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *no* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

M. D.

OCCUPATION is very important. See instructions on back of certificate.

CT 26 1936

28425-9

F 28425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltim City Hospital 16-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

William H. Brown

If U. S. Veteran specify WAR

(a) Residence: No. *1605 Harlem Ave St.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie*6. DATE OF BIRTH (month, day, year) *July 4 1868*7. AGE Years *68* Months *3* Days *18* If LESS than 1 day..... hrs. or..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *retired engineer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *(station)*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *20 3/4*12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *John*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Elyzette Johnson*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mr. Annie Brown* (Address) *1605 Harlem Ave*18. BURIAL, CREMATION, OR REMOVAL Place *West Suburban* Date *10/27/36*19. UNDERTAKER *Chas. H. Cooper* (Address) *514 N. Calhoun St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute intestinal obstruction (invasion)

Other contributory causes of importance:

Was an operation performed? *yes* Date of *Oct 22 36*For what disease or injury? *intestinal obstruction*Name of operation *Schroeder* Date of *Oct 22 36*What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. H. M. M. M.* M. D.(Address) *1605 Harlem Ave*

OCCUPATION is very important. See instructions on back of certificate.

CT 28 1936

F 28426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N Baltimore City Hospital 21 Ward)

Length of residence in city or town where death occurred 15 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.
 If U. S. Veteran

2. FULL NAME Florence Holmes (c)

(a) Residence: No. 112 W. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|-----------------------------|--|
| 3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|-----------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) December 25, 1900

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day,.....hrs. or.....min. |
| | 35 | 8 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town).....Annapolis, Md.
(State or country)

| | |
|----------|------------------|
| 13. NAME | Joseph Holmes (c |
|----------|------------------|

14. BIRTHPLACE (city or town) _____
(State or country) Maryland

| | |
|-----------------|---------------|
| 13. MAIDEN NAME | Ida Green (c) |
|-----------------|---------------|

16. BIRTHPLACE (city or town)
(State or country) Maryland.

17. INFORMANT Mary Holmes(c) sister in law.
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ammapolis Date Oct 21 1928

19. UNDERTAKER
(Address)

T 26-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

Obtained by said **inquest** find that said deceased came (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Probable Fracture of Skull

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, 10/21/36 19

lowing: Accident Date of injury 10/21/36 1936
 Accident, suicide, or homicide None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Struck by Automobile while

place
Manner of injury crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no specify

Signed) W. M. Hamhardt Coroner

10/26/36 (Address) 1017 S. Charles St.

17996

F 28427

F 28427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Major Brown

2. FULL NAME

If U.S. Veteran

specify WAR

(a) Residence: No. 604 W. Lee St.

St. ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced
HUSBAND of Victoria
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-4-18877. AGE Years Months Days If LESS than 1 day... hrs. or min.
49 3 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.13. NAME John14. BIRTHPLACE (city or town) (State or country) S. C.15. MAIDEN NAME Julia16. BIRTHPLACE (city or town) (State or country) S. C.17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place mt. Zion Date Oct 28, 193619. UNDERTAKER Mrs Katie P. Williams
(Address) 322 N. Schroeder St.20. Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 193622. I HEREBY CERTIFY, That I attended deceased from 10-16 1936 to 10-24 1936I last saw him alive on 10-24 1936 Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
10-15-36

Other contributory causes of importance:

Hypertensive Cardio-vascular
Renal DiseaseunkWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John F. Rainey M. D.(Address) Baltimore City Hospital

T 26 1936

OCCUPATION is very important. See instructions on back of certificate.

F 28428

F 28428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1874 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME John HawkinsIf U.S. Veteran
specify WAR(a) Residence: No. 1636 E. Monument St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married (Sep.)5a. If married, widowed, or divorced
HUSBAND of Sophie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18747. AGE Years Months Days If LESS than 1 day, hrs. or min.
628. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co., Md.
(State or country)13. NAME John14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME May16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct. 27, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schenck St.

20. FILED

CT 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 193622. I HEREBY CERTIFY, That I attended deceased from 8-31 1936 to 10-24 1936I last saw him alive on 10-24 1936. Death is said to have occurred on the date stated above, at 6:30 A.

The principal cause of death and related causes of importance were as follows:

Gastric HemorrhageDate of onset
10-23-36

Other contributory causes of importance:

Cerebral thrombosisDate of onset
Aug 36Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

John F. Rainey
Baltimore City Hospts.

M. D.

F 28429 HEALTH DEPARTMENT—CITY OF BALTIMORE 28429

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *U.S. Marine Hospital 10-1* Ward)Length of residence in city or town where death occurred *1 yr.* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1010 Hillman* St., *10-1* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Separated*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Gertrude Howland Howland*6. DATE OF BIRTH (month, day, year) *Dec 12, 1892*7. AGE Years *44* Months *10* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *General*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lab over*10. Date deceased last worked at this occupation (month and year) *about Aug 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*13. NAME *John Howland*14. BIRTHPLACE (city or town) *Maryland* (State or country) *Baltimore*15. MAIDEN NAME *Emma McBridge*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*17. INFORMANT *Mr Emma Howland* (Address) *1010 Hillman St*18. BURIAL, CREMATION, OR REMOVAL *National Cemetery* Date *Oct. 27, 1936*19. UNDERTAKER *Edmund W. Conklin* (Address) *924 E. Eager St*20. FILED *Oct 26* 19*36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 23rd, 1936*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, autopsy or inquiry

by said find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Uræmia
Acute Retention Uræmia
Urinary Infection

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Oct 23, 1936*For what disease or injury *Acute Retention Uræmia*Name of operation *Suprapubic Cystostomy* Date ofWhat test confirmed diagnosis? *uric acid* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edmund W. Conklin* M. D. Coroner(Address) *Coroner*

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 28430

F 28430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ⁵⁰ yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. — mos. — ds.

2. FULL NAME

If U.S. Veteran specify WAR

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Michael* (or WIFE of *Michael*)6. DATE OF BIRTH (month, day, year) *Feb 8 - 1858*7. AGE Years *78* Months *8* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shoemaker*
10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *45*12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Frank Michael*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Marquet Stark*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Ben Henry Michael* (Address) *917 Leeds Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Louisa City* Date *Oct 26, 1936*

19. UNDERTAKER

(Address) *300 E. 1st St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 19, 1936* to *October 23, 1936*I last saw him alive on *October 19, 1936*. Death is said to have occurred on the date stated above, at *11:30 AM*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Left Chest.
*Cardio Vascular Failure*Date of onset
10-17-36
10-23-36

Other contributory causes of importance:

Arteriosclerosis

?

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

T 25 1936

F 28431

F 28431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *27-10-116* yrs. *0* mos. *0* da.2. FULL NAME *Mrs Grace Osborn*If U. S. Veteran
specify WAR(a) Residence: No. *684 Arlington Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Robert A. Osborn*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 26-1870*7. AGE Years Months Days If LESS than
65 *11* *29* 1 day. *0* hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *at home*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Prattville Ala*
(State or country) *West Virginia*13. NAME *William J. Osborn*14. BIRTHPLACE (city or town) *Highlandtown*
(State or country) *Delaware*15. MAIDEN NAME *Mrs. Rebecca Osborn*16. BIRTHPLACE (city or town) *Prattville*
(State or country) *Alabama*17. INFORMANT *Robert A. Osborn*
(Address) *684 E. Lexington Ave. New York*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Oct. 28, 1936*19. UNDERTAKER *W. B. Osborn & Son*
(Address) *1302 E. Lexington Ave. New York*20. REGISTRAR *William J. Osborn*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/25/36* 1922. I HEREBY CERTIFY, That I attended deceased from *9/24/36* 19 to *10/25/36* 19I last saw him alive on *10/25/36* 19. Death is said to have occurred on the date stated above, at *3:25 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Cardiac
Dilatation*

Date of onset

over

Other contributory causes of importance:

Was an operation performed? *None* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Joseph A. Hunt
Md. Gen. Hosp.

M. D.

(Address)

STATE CAUSE OF DEATH IN YOUR TERMS
OCCUPATION is very important. See instructions on back of certificate.FILED
26 1936

F 28432

✓ F 28432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1313 Myrtle Ave* 17-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1313 Myrtle Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cool* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced *Not known*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *? ? 1874*7. AGE Years *62* Months *?* Days *?* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) *Baltimore Md*13. NAME *Leonard Jones*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Henrietta Jones*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *May Coles*(Address) *1313 Myrtle Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. John's Cemetery* Date *Oct 26 1936*19. UNDERTAKER *Chapman*(Address) *1000 Broadway*

20. DATE 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 22 1936*22. I HEREBY CERTIFY, That I attended deceased from *Aug 10 1936* to *Oct 22 1936*I last saw him alive on *Oct 21 1936* Death is saidto have occurred on the date stated above, at *7:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Cor Myocarditis

Other contributory causes of importance:

*Primary tumor*Name of operation *reg*

Date

What test confirmed diagnosis *reg* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (Signed) *W. J. Howell* M. D.
W. J. Howell

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

28433 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28433

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 10-1*)

Length of residence in city or town where death occurred *lifetime* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1120 Barclay* (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 11 - 1885*

7. AGE *50* Years *11* Months *14* Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Balto City Water Works*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md.*

13. NAME *John V. Tracy*

14. BIRTHPLACE (city or town) (State or country) *Boston Mass*

15. MAIDEN NAME *Mary A. Quinn*

16. BIRTHPLACE (city or town) (State or country) *England*

17. INFORMANT (Address) *Mary A. Tracy 1120 Barclay St*

18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Church* Date *Oct 28, 1936*

19. UNDERTAKER (Address) *East H. House 4801 N. W. Royal Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 21, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 22, 1936* to *Oct 21, 1936*

I last saw him alive on *Oct 21, 1936* Death is said to have occurred on the date stated above, at *8:30 A* m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis Addison's Disease(?)

Other contributory causes of importance: *Secondary Anemia*

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *-* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *J. S. Harding* M. D.

(Address) *4510 Blair Rd*

FILED OCT 26 1936

M. D. 12-28-34

F 28434

F 28434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *John Hopkins*CITY OF BALTIMORE (No. *3-1*)St. *3-1* Ward)Registered No. *210-9*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* da.How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.2. FULL NAME *Carmela Kallik*(a) Residence: No. *117 S Spring*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Harry*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 1888*7. AGE Years *68* Months *—* Days *—* If LESS than 1 day, *—* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *PHA*
10. Date deceased last worked at this occupation (month and year) *0040*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Widow*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Mr. P. K.*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Joseph Cermak*
(Address) *11016 E. Pratt St*18. BURIAL, CREMATION, OR REMOVAL
Place *Russian Cem* Date *Oct 24, 1934*19. UNDERTAKER *Wendell J. Shippey*
(Address) *1405 S. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-16* 19*36*22. I HEREBY CERTIFY That I took charge of the remains described above, held in *possession* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Crushed Chest
Internal Injuries

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *10/16* 19*36*Where and injury occur. *W. Pratt St* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Highway*Manner of death *Struck by auto Taxi Company*
Nature of injury *Crushed chest*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signature) *Hubert G. ...*(Address) *907 N. C. ...*

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

s. 9

OCT 26 1936

F 28435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17664

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-2 Ward) life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 119 mos. 2 ds. How long in U. S. If of foreign birth? 119 yrs. 2 mos. 2 ds.

2. FULL NAME Bartenfelter, Baby Roy

(a) Residence: No. 1723 E. Pratt St. St. 2-2 Ward. life
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/3/36

7. AGE Years Months Days 18 7 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Frederick Bartenfelter

11. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Anna Mezzole

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Oct. 26, 1936 Place St. Luke's Date

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

St. Luke's Hospital

20. FILE NO. 28435

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/36

22. I HEREBY CERTIFY. That I attended deceased from 10/20/36 to 10/20/36

I last saw him alive on 10/20/36 Death is said to have occurred on the date stated above, 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

Pruritus

Date of onset

Other contributory causes of importance:

Shingles

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Kadan M. D.

(Address) Baltimore City Hosp.

28436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bldg. City Hospitals St. 21-1 Ward)Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.2. FULL NAME Walter BoinesRegistered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 1105 Briscoe St.
(Usual place of abode)St. 21-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3/2/18847. AGE Years 52 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)13. NAME Edward14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Mary Jay16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date Oct. 26, 193619. UNDERTAKER
(Address)Per H. A. Moore
Commissioner of Health
Washington Williams
Registrar20. FILED
26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12, 193622. I HEREBY CERTIFY, That I attended deceased from 10-8, 1936 to 10-12, 1936I last saw him alive on 10-12, 1936. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Urinary extravasationDate of onset
3 days

Other contributory cause of importance:

BronchopneumoniaDate of onset
4 daysWas an operation performed? yes Date of 10-10-36For what disease or injury? Urinary extravasationWhat test confirmed diagnosis? operation there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) M. A. Hoover M. D.(Address) Balt. City Hosp.

2680

28437 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 E. Chase St., 10-1 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 48 yrs. 4 mos. 4 ds. How long in U.S. If of foreign birth? 48 yrs. 4 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 817 E. Chase St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------------|--|
| 3. SEX <u>Female</u> | 4 Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Samuel S. Sarrity</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>May 28 1867</u> | | |
| 7. AGE | Years <u>69</u> | Months <u>4</u> |
| | Days <u>26</u> | If LESS than 1 day.....hrs. or.....min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) Ireland13. NAME Charles Sarrity14. BIRTHPLACE (city or town)
(State or country) Ireland15. MAIDEN NAME Mary Sarrity16. BIRTHPLACE (city or town)
(State or country) Scotland17. INFORMANT Agnes Sarrity
(Address) 817 E. Chase18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 27 193619. UNDERTAKER Beta Weidefeld
(Address) 914 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 193622. I HEREBY CERTIFY, That I attended deceased from
April 21, 1936 to Oct 24, 1936
I last saw her alive on Oct 23, 1936 death is said
to have occurred on the date stated above, at 2:45 p.m.The principal cause of death and related causes of
importance were as follows:Abdominal Sarcoma at death

Other contributory causes of importance:

Emphysema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? NO If so, specify _____(Signed) Bernard Hayden M.D.(Address) 11216 N. Caroline St.

28437 1936

Huntington Williams
Registrarstate CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

F 28438

F 28438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Pier 8 Locust Point. St. 24-1 Ward)

Length of residence in city or town where death occurred None yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Earl Phillips.

(a) Residence: No. Taneytown, Md. St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXX~~ HUSBAND of Lillian Phillips.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)

13. NAME David F. Phillips.

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Louise -----

16. BIRTHPLACE (city or town) Maryland. (State or country)

17. INFORMANT Ralph N. Marquette. (nephew) (Address) 4607 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place *Catholic* Date *10/28/36*19. UNDERTAKER *W. O. Fust* (Address) *Taneytown Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Otto H. Reinhardt* M. D. 10/26/36 1017 S. Charles St. (Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 26 1936

F 28439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28439

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. 25-4 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1901 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Nicholas Leonard

If U.S. Veteran

Specify WAR

(a) Residence: No. 3548--9th St., Brooklyn, Md. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

Lula Leonard

6. DATE OF BIRTH (month, day, year) 4-14-1850

7. AGE Years 86 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, saw, or bookkeeper, etc.

Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Thomas Leonard

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Baltimore City Hospts (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 27, 1936

19. UNDERTAKER George L. Schwalbe (Address) 2101 E. Frederick Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-36

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1936 to 10-25-1936

I last saw him alive on 10-25-1936 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset 10-25-36

Other contributory causes of importance:

Arteriosclerosis

unk

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

John F. Rainey M. D. Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

OCT 26 1936

F 28440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28440

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Franklinton Rd. Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 313 Franklinton Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John Dasch*6. DATE OF BIRTH (month, day, year) *Nov. 17 - 1857*7. AGE Years *78* Months *11* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Stroth*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. Katie Beck* (Address) *313 Franklinton Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Cemetery* Date *Oct 27, 1936*19. UNDERTAKER *George L. Schwab* (Address) *2121 Jendrick Ave.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 24, 1936*22. I HEREBY CERTIFY That I attended deceased from *Oct 17, 1936* to *Oct 24, 1936*I last saw him alive on *Oct 24, 1936* Death is said to have occurred on the date stated above, at *11:55 P.M.*

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

1 mth

Other contributory causes of importance:

Bronchitis pneumonia
*Emphysema**1 mth*
10 yrs

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ☒ Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Edward Kalia* M. D.(Address) *2027 N. Pratt St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 412 Denman St. 70-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 4 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.

Female

4-COLOR OR RACE.

White

5-Single, Married,
Widowed,
or Divorced,
(Write the word.)5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of

George W. Sauer

6-DATE OF BIRTH (month, day and year)

Sept 16, 1886

7-AGE,

50 yrs. 1 mos. 4 ds.

If LESS than 1 day,

hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular
kind of work.

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town),
(State or Country).10-NAME OF
FATHER,

John Cullahan

11-BIRTHPLACE
OF FATHER (city or town),
(State or Country).

Ireland

12-MAIDEN NAME
OF MOTHER,

Bridget O'Reilly

13-BIRTHPLACE
OF MOTHER (city or town),
(State or Country).

Ireland

14-

(Informant),

for Edward Sauer

(Address),

412 Denman

15-

Filed

26 1936

Huntington

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year)

Oct 24, 1936

17- I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1935 to Oct 24, 1936

that I last saw him alive on Oct 24, 1936

and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

myocarditis

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. A. Tack M. D.

19 (Address) 3517 Edmond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR
REMOVAL,

DATE OF BURIAL,

Loomis Park Cemetery

Oct. 27, 1936

20-UNDERTAKER,

ADDRESS

George L. Schwab

2101 Bush Ave

F 28442

F 28442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 19-1

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ____ mo. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug. 12, 1914

7. AGE Years 22 Months 2 Days 14 If LESS than 1 day, ____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gladden Chemical Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) South Carolina (State or country)

13. NAME John W. Blythers

14. BIRTHPLACE (city or town) S. Carolina (State or country)

15. MAIDEN NAME Dora Cook

16. BIRTHPLACE (city or town) South Carolina (State or country)

17. INFORMANT Ables Blythers (Address) 114 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL Place Camden, S. C. Date 10/27/36

19. UNDERTAKER Robert E. Williams (Address) 1515 McElderry St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Oct 26, 1936

I last saw him alive on Oct 26, 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis 10-22-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Culture Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify _____

(Signed) Dr. J. J. Schwenker, M. D.

(Address) _____

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

CT 26 1936

38443
195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No.

St., **7-5** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William M. Hoffman

(a) Residence: No.

Almedia

St.,

Ward.

Penna

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced, (write the word) **Widowed**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) **12-14-61**

7. AGE Years **74** Months **10** Days **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Pa**

13. NAME **Jesse** 14. BIRTHPLACE (city or town) (State or country) **Pa**

15. MAIDEN NAME **Frances Millard** 16. BIRTHPLACE (city or town) (State or country) **Pa**

17. INFORMANT **Records** (Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL Place **Almedia Pa** Day **Oct 26, 1936**

19. UNDERTAKER **William J. Tucker Son** (Address) **Mif. Penna Ave**

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Oct. 26, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct-20, 1936** to **Oct-26, 1936**

I last saw him alive on **Oct 26, 1936**. Death is said to have occurred on the date stated above, at **1:55 A.M.**

The principal cause of death and related causes of importance were as follows:

broncho Pneumonia, Congest

Date of onset **Oct. 22**

Other contributory causes of importance:

Benign Prostatic Hypertrophy
arteriosclerosis

Was an operation performed? **no** Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? **none**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury **none**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Samuel A. Vest Jr

M. D.

(Address)

Johns Hopkins Hosp
Baltimore, Md

17 26 1936

Stuntington

STATE CAUSE OF DEATH IN plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

28444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28444

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *111 S. Rochester Pl. St.*, *1st* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*George Ossman*If U.S. Veteran
specify WAR(a) Residence: No. *111 S. Rochester Pl. St.*, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>M</i> | 4. Color or Race <i>W</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Anna K. Ossman</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Sept 21 - 1863</i> | | |
| 7. AGE Years <i>73</i> Months <i>1</i> Days <i>4</i> | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Mattress</i> | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Mapper</i> | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <i>45 yrs</i> | |

12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Ossman*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Don't know*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Anna K. Ossman*
(Address) *111 S. Rochester Pl.*18. BURIAL, CREMATION, OR REMOVAL *Don't know*
Place *H. Matthews* Date *Oct 28, 1936*19. UNDERTAKER *John A. Moran*
(Address) *3000 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/25/1936*22. I HEREBY CERTIFY. That I attended deceased from *Sept 5 - 1936* to *Oct 25 - 1936*I last saw him alive on *Oct 25 - 1936*. Death is saidto have occurred on the date stated above, at *1 P. m.*

The principal cause of death and related causes of importance were as follows:

myocardial failure
*chronic myocarditis**cardio-vascular-renal*

Other contributory causes of importance:

arterio-sclerosis

Date of onset

*Oct 27/36**5 yrs.**5 yrs.*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis?

*usual physical exam.*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Louis F. Trummel* M. D.(Address) *722 W. Kenwood Ave.*

26 1936

H. Matthews
DR

STATE CAUSE OF DEATH IN PLAIN TERMS TO BE PRINTED ON BACK OF CERTIFICATE. See instructions on back of certificate.

28445-1268-9

F 28445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Robert E. Potts

(a) Residence: No.

438 Whitridge Ave. St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Florence V. Kueberth
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 54 | --- | --- | |

| | | |
|------------|---|-----------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Retired Captain |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Balto. City Fire Department |
| | 10. Date deceased last worked at this occupation (month and year) | |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John W. Potts

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mollie Green

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Florence V. Potts
(Address) 438 Whitridge Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. 10/27 193619. UNDERTAKER
(Address) 8-5 N. Wentworth St.
Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by autopsy find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial asthma

Other contributory causes of importance:

acute capillary pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright

M. D.

(Address) 1010 S. Edmond Ave

FILED

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Registrar

OCT 26 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28446

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28446

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

U.S. Marine Hospital, Baltimore, Md. 2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Almet N. Zeller

(a) Residence: No.

Delmar, Delaware

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Jester Zeller

6. DATE OF BIRTH (month, day, year) November 7, 1898

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 37 | 11 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
2nd Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Seaman

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)
Sayre
Penna

13. NAME
Alfred Zeller

14. BIRTHPLACE (city or town)
(State or country)
Penna

15. MAIDEN NAME
Harriet Codett

16. BIRTHPLACE (city or town)
(State or country)
Penna

17. INFORMANT
(Address)
Records, U.S. Marine Hospital
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Delmar Dela. Date Oct 26, 1936

19. UNDERTAKER
(Address)
See A. S. S. S.
2700 Edmondson Ave.

20. DIED
26 1936
St. Augustine Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from
September 30, 1936 to October 26, 1936

I last saw him alive on October 26, 1936. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, chronic, interstitial

Date of onset

Apr. 1936

Other contributory causes of importance:

Uremia, chronic

Arteriosclerosis, general

3 wks

Unknown

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. M. V. a. d. u. m.

M. D.

(Address)

U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly entered. See instructions on back of certificate. OCCUPATION is very important.

28447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 E. Preston St. 9-4 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 808 E. Preston St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Riley

6. DATE OF BIRTH (month, day, year) Dec 21, 1872

7. AGE Years 63 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John P. Darr

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Darr

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT J. Darr

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER W. M. Cook

20. ADDRESS 517 William St. Baltimore

21. DATE OF DEATH (month, day, year) Oct 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Oct 25, 1936. Death is said to have occurred on the date stated above, at 6:25 A.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Oct 25, 1936.

I last saw him alive on Oct 25, 1936. Death is said to have occurred on the date stated above, at 6:25 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy
arteriosclerosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel L. Lifford, M.D.
(Address) 708 E. Preston St.
Lifford

T 26 1936

F 28448

F 28448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *The Church Home and Infirmary* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *26* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. William Swann(a) Residence: No. *Oceview, Maryland St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Emma R. Swann*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 9 - 1862*7. AGE Years *74* Months *5* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Oct 1, 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Calvert Co Md*
(State or country)13. NAME *George W Swann*14. BIRTHPLACE (city or town) *Prince Georges Co Md*
(State or country)15. MAIDEN NAME *Mary E. Fowler*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Harvey E. Swann*
(Address) *3124 Harwood Ave Balt Md*18. BURIAL, CREMATION, OR REMOVAL
Place *Friendship Rd* Date *Oct 28* 19*36*19. UNDERTAKER *W. H. H. H. H.*
(Address) *1011 Hammond St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 26* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Sept 30* 19*36* to *Oct 26* 19*36*I last saw him alive on *Oct 26* 19*36* Death is said to have occurred on the date stated above, at *9 P.M.*

The principal cause of death and related causes of importance were as follows:

Pyelo-nephritis, Bilateral Date of onset *1935*

Other contributory causes of importance:

Generalized arterio-sclerosis 19*30*
arterio-sclerotic heart dis. 19*35*Name of operation *Suprapubic Prostatectomy* of *Oct 21, 1936*What test confirmed diagnosis? *his lab* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) *Wesley J. Ketz* M. D.(Address) *The Church Home & Infirmary*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 26 1936

28449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28449

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Cusquith St., 9-9 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1922 Cusquith St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cwl 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of John West (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years 60 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0070

12. BIRTHPLACE (city or town) Va (State or country)

13. NAME Mr. W. H.

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Mr. W. H.

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Willie St Rose (Address) 1922 Cusquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Not buried Date 10-28-36

19. UNDERTAKER George T. A. Gibson (Address) 2735 W. 11th St

20. DATE 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest therein and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast About 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation? No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I so, specify

(Signed) J. C. Allen M. D.

(Address) 507 Cusquith St

28450 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28450

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E 23d St. 12-4 Ward)

Length of residence in city or town where death occurred yrs. 17 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Catherine B Lot Weston W. Va. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed or divorced HUSBAND of Joseph B Cox (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) 1870 | | |
| 7. AGE 66 Years | Months | Days : If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Martin Lupton

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Margaret Farnell

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT National basketball

18. BURIAL, CREMATION, OR REMOVAL

Place Weston, W. Va. Date 10/26-1936

19. UNDERTAKER John A. Morgan

3000 E. Balt. St.

20. FILED 26-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936 to Oct 26, 1936

I last saw him alive on Oct 26, 1936 Death is said to have occurred on the date stated above, at 114 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: Hypertension, arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? Syphilis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harvey B. Beck

(Address) 444 100 E 23d St. Balt. Md.

See instructions on back of certificate. OCCUPATION is very important.

38151⁶²

F 28451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 14-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 1/2 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Samuel Adkins(a) Residence: No. 1429 Madison Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed or divorced
HUSBAND of Doris
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 1/20/857. AGE Years 51 Months 9 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dock worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 1/212. BIRTHPLACE (city or town) md
(State or country)13. NAME Joe Adkins14. BIRTHPLACE (city or town) md
(State or country)15. MAIDEN NAME Rebecca Del16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 10/28 193619. UNDERTAKER Murphy H. Bailey(Address) 1421 Jefferson St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-24, 193622. I HEREBY CERTIFY, That I attended deceased from Oct-21, 1936 to Oct-24, 1936I last saw him alive on Oct-24, 1936 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis, with perforation
Generalized peritonitis Date of onset 1 week

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-20-36
For what disease or injury? peritonitisWhat test confirmed diagnosis operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) David H. Sprong Jr(Address) Johns Hopkins Hospital

M. D.

OCT 27 1936

M. D. B. 127
28452

F 28452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *8-7* Ward)Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *27* yrs. *0* mos. *0* ds.

2. FULL NAME

Martha Jackson(a) Residence: No. *1104 N. Bond* St., *8-7* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <i>December 3-1898</i> | | |
| 7. AGE | Years <i>37</i> | Months <i>10</i> |
| | Days <i>21</i> | If LESS than 1 day, <i>0</i> hrs. or <i>0</i> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Teacher</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>001</i> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

12. BIRTHPLACE (city or town) *Farmville*
(State or country) *Va*13. NAME *Benjamin Jackson*14. BIRTHPLACE (city or town) *Farmville*
(State or country) *Va*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Farmville*
(State or country) *Va*17. INFORMANT *Ada Dinkins*
(Address) *1104 N. Bond St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Int'l Calvary Cemetery* Date *10/29, 1936*19. UNDERTAKER *Mrs. Chas. E. Bailey*
(Address) *1421 Jefferson St.*20. FILED *1936* Registrar *W. E. Johnson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/24*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* and that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

*Purulent Maxillary sinusitis (left)**Purulent cerebral Meningitis
lobular pneumonia*

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis *Chemical* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Paul Wheeler*(Address) *1919 E. North Ave.*

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28453

F 28453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Alvarado Square St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Albert Norman(a) Residence: No. 2818 Alvarado Square St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Amelia E. M. Norman
(see birth cert.)6. DATE OF BIRTH (month, day, year) Sept. 7-18697. AGE Years 67 Months 1 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria Hungary
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Amelia E. M. Norman
(Address) 2818 Alvarado Square18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10-27 192619. UNDERTAKER Kenneth J. Bach
(Address) 5301 Woodland Rd.20. FILED 10-27-26 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry (Impost, Autopsy, or Inquiry)

obtained by said inquest, autopsy, or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date ofFor what disease or injury? No Date ofName of operation Clinical Date ofWhat test confirmed diagnosis? No as there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Scheuber Coroner M. D.(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Haubert St. St. 24-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Stephen Furman.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1112 Haubert St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXX~~ ~~XXXXXX~~

HUSBAND of

~~XXXXXX~~

Mayanna Furman.

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE 62-63 Years 9 Months 29 days 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland. (State or country)

13. NAME Onfy Furman.

14. BIRTHPLACE (city or town) Poland. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Poland. (State or country)

17. INFORMANT Mary Furman. (daughter) (Address) 1112 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Fred W. Czajkowski (Address) 7 Eastern Ave.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of the skull
Fall down stairs.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place At home

Manner of injury Fall down stairs.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

10/26/36

(Address)

1017 S. Charles St.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

F 28455

F 28455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Eden St. St. 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1012 N. Eden St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (Write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Carrie Langley (or) WIFE of6. DATE OF BIRTH (month, day, year) June 12 7. AGE Years 70 Months 4 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Product Dealer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Norfolk (State or country) va13. NAME William Langley14. BIRTHPLACE (city or town) (State or country) va15. MAIDEN NAME Emily Bell16. BIRTHPLACE (city or town) (State or country) va17. INFORMANT Miss Myrtle Langley (Address) 1012 N. Eden St.18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 10/28/193619. UNDERTAKER Mr. Frances A. Venable (Address) 378 W. Middle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-193622. I HEREBY CERTIFY. That I attended deceased from 10-16- 1936, to 10-25- 1936I last saw him alive on 10-23- 1936. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvulitis

Date of onset

when

Other contributory causes of importance:

Arteriosclerosis of heart

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. H. Angier M. D.(Address) 611 N. Caroline

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

T 27 1936

F 28456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. Broadway St., 7 Ward)Registered No. 53699

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Mr. Robert Cornthwaite(a) Residence: No. Lake Ave Altamont Place St., U-C III Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 20, 18627. AGE 73 Years 8 Months 4+5 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME William Cornthwaite14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME June Reed16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT SELF(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Reverend, Oct 28, 1936

19. UNDERTAKER

(Address) 3539 Fall Road20. FILED Oct. 26

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 193622. I HEREBY CERTIFY, That I attended deceased from October 1st, 1936 to Oct. 25th, 1936I last saw him alive on Oct. 25th, 1936. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

Probably myocardial failure

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of Oct. 7, 1936For what disease or injury? Benign Prostatic Hyper-trophy with urinary retention
cytostomyWhat test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Semans M. D.(Address) Johns Hopkins Hospital
Baltimore, Maryland

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 27 1936

F 28457

F 28457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (N

Crawdel Hotel, 11-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles K. Kirwan

If U.S. Veteran
specify WAR

(a) Residence: No.

Charles 9 Mt Royal Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

21. DATE OF DEATH (month, day, year)

Oct. 24, 1936

I HEREBY CERTIFY, That I attended deceased from

June 1, 1929, to Oct 24, 1936

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Sophia P. Kirwan

I last saw him alive on Oct. 24, 1936. Death is said to have occurred on the date stated above, at 6:50 p.m.

6. DATE OF BIRTH (month, day, year)

Aug. 20, 1880

7. AGE

56

Years

2

Months

4

Days

If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 10/24/36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Service Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Kelly Buick Co

10. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation 10 yrs

Other contributory causes of importance:

Tuberculosis

12. BIRTHPLACE (city or town) (State or country)

Cincinnati, Md.

FATHER

13. NAME

Emory Kirwan

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Ida May Williams

16. BIRTHPLACE (city or town) (State or country)

Homer, N.Y.

17. INFORMANT

Mr. Emory Kirwan

(Address) 2602 Key St. Arlington Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Oct 27, 1936

19. UNDERTAKER

Wm. J. Hines & Sons

(Address)

1011 8th & Pa Ave.

20. FILED

Registrar

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James P. Kayser, M. D.
(Address) 3210 1st St. City

28458

F 28458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Med. General Hospital

Registered No.

CITY OF BALTIMORE: (No.

Room 306

St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Mrs. Margaret Moore

If U. S. Veteran

specify WAR

(a) Residence: No.

2709 Chelsea Ter.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Ralph L. Moore

c. DATE OF BIRTH (month, day, year)

June 8, 1882

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Charles C. Moore

14. BIRTHPLACE (city or town) (State or country)

Richmond Virginia

MOTHER

15. MAIDEN NAME

Margaret L. Moore

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Ralph L. Moore

(Address)

2709 Chelsea Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

Oct 28, 1936

19. UNDERTAKER

(Address)

Wm. J. T. R. & Sons

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10-26

1936

22.

I HEREBY CERTIFY, That I attended deceased from

10-15

1936, to

10-26

1936

I last saw her alive on

10-26

1936

Death is said

to have occurred on the date stated above, at

1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum

Date of onset

Other contributory causes of importance:

Venous thrombosis

Was an operation performed?

yes

Date of

10-17-36

For what disease or injury?

Carcinoma

Name of operation

Resection of Cecum

Date of

10-17-36

What test confirmed diagnosis?

Ziehl

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. Seabury

M. D.

F 28459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *34a-159*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp*)

Length of residence in city or town where death occurred *22* yrs. *22* mos. *22* ds. How long in U. S. If of foreign birth? *22* yrs. *22* mos. *22* ds.

2. FULL NAME *Baby Elizabeth V. Branham*

(a) Residence: No. *Linthicum Heights, St., Md.* Ward. *Linthicum Hgts MD*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*
6a. If married, widowed, or divorced *HUSBAND of*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug. 26, 1936*
7. AGE Years *—* Months *2* Days *—* If LESS than 1 day, *—* hrs. or *—* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None*
11. Total time (years) spent in this occupation *None*

12. BIRTHPLACE (city or town) *Balto.*
(State or country) *Md*

13. NAME *Dewey F. Branham*
14. BIRTHPLACE (city or town) *Va.*
(State or country)

15. MAIDEN NAME *Margaret Duff*
16. BIRTHPLACE (city or town) *Va.*
(State or country)

17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL *9.9.36 Md.*
Place *Friendship Am. Ch. Md.* Date *Oct. 27, 1936*

19. UNDERTAKER *Wm. J. Tucker & Son*
(Address) *North & Baltimore*

20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 26, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 1, 1936* to *Oct. 26, 1936*

I last saw her alive on *Oct. 26, 1936* Death is said to have occurred on the date stated above, at *8:10 A.M.*

The principal cause of death and related causes of importance were as follows:

congenital syphilis
Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Jaime F. Edman* M. D.
(Address) *Maryland Gen'l Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28460

28460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Frederick Rd. & Beechfield Ave Ward)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Lotz.

(a) Residence: No. 206 Tremont Rd.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

6a. If married, ~~XXXXXXXXXX~~
 HUSBAND of
 (XXXXXXXXXX) Laura Lotz.

6. DATE OF BIRTH (month, day, year) September 5, 1876

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 60 | 1 | 19 | |

| | | |
|------------|---|---------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Grocer. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER 13. NAME George Lotz.

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER 15. MAIDEN NAME Amelia Hossellman.

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Laura Lotz. (wife.)
(Address) 206 Tremont Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Random Park Date Oct 28, 1936

19. UNDERTAKER
(Address)Thos. J. Lightner & Sons
Franklin Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the Skull

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accidental 10/24/36

Accident, suicide, or homicide Date of injury 1936

Where did injury occur? Fredk Ave & Beechfield Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by Automobile while

Manner of injury crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Otto M. Reinhardt

Coroner

M. D.

(Address) 1017 S. Charles St.

Registrar

10/26/36

OCT 27 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

28461

E 28461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

U. S. Veteran

specify WAR _____

2. FULL NAME (Arthur) Walter Shelly(a) Residence: No. 13 S. Bond

(Usual place of abode)

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)

Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofX6. DATE OF BIRTH (month, day, year) Oct 22, 1922

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.about 50

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Port Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Unknown

FATHER

13. NAME

"14. BIRTHPLACE (city or town)
(State or country)"

15. MAIDEN NAME

"16. BIRTHPLACE (city or town)
(State or country)"17. INFORMANT Joane Curties

(Address)

213 S. Bond

18. BURIAL, CREMATION, OR REMOVAL

Place At 27, 1936Date Oct 27, 193619. UNDERTAKER Edw. Bryan

(Address)

12361236

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Date of _____

Name of operation. _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. W. W. W. W.(Address) 1010 S. Bond

Coroner

M. D.

CT 27 1936

F 28462

F 28462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *W. J. Gen. Hosp* St. *7-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frances Novak

If U. S. Veteran

specify WAR

(a) Residence: No. *2701 Ashland Ave* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND or (or) WIFE of *James Novak*6. DATE OF BIRTH (month, day, year) *Nov 1876*7. AGE Years *59* Months *11* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Cher Slovakia*13. NAME *Albert Pusarad*14. BIRTHPLACE (city or town) (State or country) *Cher Slovakia*15. MAIDEN NAME *Som Kar*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *James Novak* (Address) *2701 Ashland Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redemptor* Date *Oct 28 1936*19. UNDERTAKER *John Ullrich* (Address) *200 S. Delaware*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/25*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10-14-36*, 19 to *10-25-36*, 19I last saw her alive on *10-25-36*, 19. Death is said to have occurred on the date stated above, at *5:48* p.m.

The principal cause of death and related causes of importance were as follows:

Retroverted Uterus

Date of onset

Other contributory causes of importance:

*Pulmonary Embolus*Was an operation performed? *yes* Date of *10-16-36*For what disease or injury? *Retroverted Uterus*Name of operation *hysterectomy* Date ofWhat test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. P. Stephen

M. D.

(Address)

W. J. Gen. Hosp

Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

OCT 27 1936

F 28463

F 28463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Lexington Ward) 70-1Length of residence in city or town where death occurred 84 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1926 Lexington

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND or (or) WIFE of James A. Lupton6. DATE OF BIRTH (month, day, year) March 15-18527. AGE 84 Years 7 Months 10 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) At home
11. Total time (years) spent in this occupation At home12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Michael Flannery14. BIRTHPLACE (city or town) Belfast (State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs. Della Gegner (Address) 107 A Poppleton18. BURIAL, CREMATION, OR REMOVAL St. Peter's Church Place St. Peter's Church Date Oct 20, 193619. UNDERTAKER John Ullrich (Address) 2105 Orleans St.20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25-193622. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936 to Oct 25, 1936I last saw her alive on Oct 25, 1936 Death is said to have occurred on the date stated above, 12:30

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis

Date of onset

Sept

Other contributory causes of importance:

NoneWas an operation performed? no Date of noFor what disease or injury? noWhat test confirmed diagnosis? Thin Analysis there an autopsy? no23. If death was due to external causes (violence) fill in also the following: noAccident, suicide, or homicide? no Date of injury no, 19 noWhere did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Chas. L. Linton, M.D.(Signed) Chas. L. Linton(Address) 888 N. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly certified. See instructions on back of certificate.

OCT 27 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28464

28464

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Pinewood Ave. St. 27-5 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Fuhrman

(a) Residence: No. 3914 Pinewood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Fuhrman

6. DATE OF BIRTH (month, day, year) Feb. 26, 1871

7. AGE Years 65 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) Oct. 1, 1936 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Hanover, Pa. (State or country)

13. NAME Henry Fuhrman

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs. H. Schmidt, (Address) 3914 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Oct. 28, 1936

19. UNDERTAKER Frederick Lasschneider (Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, Oct. 24, 1936

I last saw him alive on Oct. 24, 1936. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Oct 2, 1936

Other contributory causes of importance:

Chronic hypertension, hyperlipidemia May 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Syphilis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward F. Fuhrman M. D.

(Address) 1200 Overland

State Cause of Death in plain terms, so that it may be properly classified. See instructions on back of certificate.

OCT 27 1936

28465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E F 28465

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Ashton St. St. 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ^{Life} yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter R. Wild.

If U. S. Veteran
specify WAR

(a) Residence: No. 2223 Ashton St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina A. Wild.

6. DATE OF BIRTH (month, day, year) June 30 - 1882

7. AGE 54 Years 3 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore - Md.

13. NAME Henry C. Wild.

14. BIRTHPLACE (city or town) Baltimore - Md.

15. MAIDEN NAME Mary A. Ritter.

16. BIRTHPLACE (city or town) Baltimore - Md.

17. INFORMANT Mrs. Christina A. Wild. (Address) 2223 Ashton St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park. Date Oct. 28 - 1936

19. UNDERTAKER Charles J. Schwab. (Address) 505 N. Monroe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to Oct 25, 1936

I last saw him alive on Oct 24, 1936 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Toxemia
myocarditis

Date of onset

1 month
6 days

Other contributory causes of importance:

Cancer of Gall Bladder
20 yrs. duration

Was an operation performed? Yes Date May 1936

For what disease or injury? Cancer Gall Bladder

Name of operation Inspection of Gall Bladder

What test confirmed diagnosis? Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard Kaley M. D.

(Address) 2027 N. E. St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OCT 27 1936

Registrar

28466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28466

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Shuman Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *5* mos. *26* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Agnes Maria Wisner*(a) Residence: No. *122 2 West 36th* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 28, 1934*7. AGE Years *5* Months *4* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *Shuman E. Wisner*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Lucy Dreher*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Shuman Wisner* (Address) *122 2 W 36th St.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Chenoweth* (Address) *3615-17 Chestnut Ave*20. FILED *27-1936*

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) *Shuman E. Wisner* (Address) *122 2 W 36th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-26* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *9-28* 19*36* to *10-26* 19*36*I last saw her alive on *10-26* 19*36* Death is said to have occurred on the date stated above, at *5:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Dysentery - bac. Mary (Flexner)*Date of onset *9-28-36*

Other contributory causes of importance:

Prematurity

4-28-36

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Shuman E. Wisner* (Address) *122 2 W 36th St.*22. FILED *27-1936*

23. Was disease or injury in any way related to occupation of deceased?

F.D. 28467 850-W-36

F 28467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Gavin

If U. S. Veteran

specify WAR

(a) Residence: No. 2710 Boone St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 20, 1932

7. AGE Years 4 Months 6 Days 11. Total time (years) spent in this occupation

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Frederick D. Gavin

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Margaret E. Hargest

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Frederick D. Gavin (Address) 2710 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Oct. 29, 1936

19. UNDERTAKER J. Alton Boykin (Address) 700 E. North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry)

obtained by said (Inquest, Autopsy, or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Whooping Cough ?
Pneumonia (Bacterial) ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Dedmon M. D.

(Address)

Coroner

28468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28468

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 W. Fayette

St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Mary Elizabeth Davis

(a) Residence: No. 2024 W. Fayette St.

St. Ward.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of Joseph A. Davis (or) WIFE of

c. DATE OF BIRTH (month, day, year) February 15, 1851

7. AGE Years 85 Months 8 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylors Island (State or country) Maryland

13. NAME John Maguire

14. BIRTHPLACE (city or town) Taylors Island (State or country) Maryland

15. MAIDEN NAME Susan Tuburan

16. BIRTHPLACE (city or town) Taylors Island (State or country) Maryland

17. INFORMANT Mr. John A. Davis

(Address) 2024 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date October 28, 1936

19. UNDERTAKER (Address) 1003 N. Baltimore St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Oct 26, 1936

I last saw her alive on Oct 26, 1936 Death is said

to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Acute Cardiac Distention

Date of onset

4 mos

1 day

Other contributory causes of importance:

Sensibility

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Hanna M. D.

(Address) 1822 N. Baltimore St.

CT 27 1936

17977

F 28469 HEALTH DEPARTMENT—CITY OF BALTIMORE 28469

348-108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Braxton Muse St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
1502 Lafayette Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Jane
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-26-1878 / 1888

7. AGE 60 48 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Ira Muse Va.
11. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Lettie Va.
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/29 36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presetman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1936 to 10-26 1936

I last saw him alive on 10-26 1936 Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 16 days

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis? Yes
23. If death was due to external causes (violence) fill in also the following: Yes
Accident, suicide, or homicide? Date of injury _____ 1936

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John F. Ramsey
(Address) Baltimore City Hospital

FILED
OCT 27 1936

F 28470

HEALTH DEPARTMENT—CITY OF BALTIMORE 28470

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 15-2 Ward)Registered No. 131

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

Specify WAR

2. FULL NAME

Clarnee H. Snell(a) Residence: No. 1506 N. Mount St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary Snell
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 22 18947. AGE Years 41 Months 11 Days 7 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Ed. Snell14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Isabella Johnson16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. M. Snell
(Address) 1506 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 10/28/193619. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St.

OCT 27 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 193622. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uremic ComaChronic Interstitial Nephritis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

Coroner

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s g

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

1. PLACE OF DEATH *Mary Hospital*
CITY OF BALTIMORE: (No. *Calver* St., *1-2* Ward)
Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME *Paul Brickett*
(a) Residence: No. *135 N. Streper* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR _____

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|---|--|---|------|--|
| 3. SEX <i>M</i> | 4. Color or Race <i>W</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widower</i> | | |
| 5a. If married, widowed, or divorced HUSBAND of <i>Laura Bruno Bricketto</i> (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, day, year) <i>Aug 25/62</i> | | | | |
| 7. AGE <i>74</i> | Years <i>2</i> | Months | Days | 8. LESS than 1 day, hrs. or min. |
| OCCUPATION | 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> | | | |
| | 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| | 11. Total time (years) spent in this occupation | | | |
| FATHER | 12. BIRTHPLACE (city or town). (State or country) <i>Italy</i> | | | |
| | 13. NAME <i>John Bricketto</i> | | | |
| | 14. BIRTHPLACE (city or town). (State or country) <i>Italy</i> | | | |
| MOTHER | 15. MAIDEN NAME | | | |
| | 16. BIRTHPLACE (city or town). (State or country) <i>Italy</i> | | | |
| | 17. INFORMANT <i>Norman Bricketto</i> (Address) <i>135 N. Streper</i> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>new Catholic</i> Date <i>Oct 25, 1936</i> | | | | |
| 19. UNDERTAKER <i>Frank V. Pipitone</i> (Address) <i>2818 E. South St</i> | | | | |
| 20. FILED <i>Washington, D.C.</i> | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--|--|
| 21. DATE OF DEATH (month, day, year) <i>Oct 25, 1936</i> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>Sept 14, 1936</i> to <i>Oct 25, 1936</i> I last saw him alive on <i>Oct 25, 1936</i> Death is said to have occurred on the date stated above, at <i>7:30 p.m.</i> The principal cause of death and related causes of importance were as follows: <i>Arteriosclerosis</i> Other contributory causes of importance: <i>gangrene of leg.</i> Was an operation performed? <i>yes</i> Date of <i>Sept. 25, 1936</i> For what disease or injury? <i>gangrene of leg.</i> What test confirmed diagnosis? Was there an autopsy? <i>no</i> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <i>19</i> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify (Signed) <i>W. C. Dunnigan</i> M. D. (Address) <i>Mary Street</i> | |

CT 27 1936

28472 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital 3-7 St. 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1012 S. Lombard

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofBetty

6. DATE OF BIRTH (month, day, year)

7. AGE Years about 60 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) "
(State or country)17. INFORMANT Mrs Betty Nelson(Address) 710 S. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Home of Dec. Date Oct. 27, 193619. UNDERTAKER Commissioner of Health

(Address)

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Wright(Address) 1012 S. Lombard St

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly called. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

57

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✓ F 28473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28473

93-C

1. PLACE OF DEATH *The Anchorage*
 CITY OF BALTIMORE: (No. *822 S. Broadway* St., *2-3* Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

Edward Herman Warmeske

If U. S. Veteran
 specify WAR

(a) Residence: No.

822 S. Broadway

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

*white*5. Single, Married, Widowed,
or Divorced (write the word)*married*

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE

Years

Months

Days

If LESS than
 1 day,.....hra.
 or.....min.

about 44

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Seaman*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Cleveland**Ohio*

FATHER

13. NAME

*Unknown*14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Anchorage records

18. BURIAL, CREMATION, OR REMOVAL

Place

Notified

Date

Oct 27

19

19. UNDERTAKER

(Address)

*Commissioner of Health**Per H. A. Moore*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described
 above, held an *inquiry* thereon and from the evidence
 (Inquest, Autopsy or Inquiry)

obtained by said *inquiry* find that said deceased came
 (Inquest, Autopsy or Inquiry)
 to his death on the day stated above.

The principal cause of death and related causes of
 importance were as follows:

Date of onset

Chronic myeloiditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Wright

Coroner

M. D.

(Address)

1010 S. Edmond St

OCT 27 1936

2005

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
 OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28474

CERTIFICATE OF DEATH

34-95-28474

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital Ward 8-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

George Hayes

If U.S. Veteran specify WAR

(a) Residence: No.

804 Vine

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed or Divorced (write the word) Single

6. DATE OF DEATH (month, day, year) Oct. 22, 1936

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936 to Oct. 22, 1936

I last saw him alive on Oct. 21, 1936 Death is said to have occurred on the date stated above, at 4:35 A.M.

6. DATE OF BIRTH (month, day, year) 12 9 1896

7. AGE Years 40 Months — Days — If LESS than 1 day, — hr. or min.

The principal cause of death and related causes of importance were as follows:

Syphilitic Cardio-Vascular Disease

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) Oct. 1936
11. Total time (years) spent in this occupation 10

Other contributory causes of importance:

Complete Heart Block - (Atrio-ventricular block)

12. BIRTHPLACE (city or town) Samia (State or country) B. W. I.

Was an operation performed? no Date of

13. NAME Salomon Hayes

For what disease or injury?

14. BIRTHPLACE (city or town) B. W. I. (State or country)

What test confirmed diagnosis Clinical Was there an autopsy? no

15. MAIDEN NAME Matilda Stewart

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

16. BIRTHPLACE (city or town) B. W. I. (State or country)

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Patient (Address)

Specify whether injury occurred in industry, in home, or in public place

18. BURIAL, CREMATION, OR REMOVAL Body not dissected 79 1936

Manner of injury

Nature of injury

19. UNDERTAKER (Address) Per H. A. Moore

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Salomon I. Wells M. D.

(Address) University Hospital

20. FILED 2686 Registrar

OCT 27 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28475 HEALTH DEPARTMENT—CITY OF BALTIMORE 28475

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti City Hospital 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Otto Linstead

If U. S. Veteran

specify WAR

(a) Residence: No. 604 S. Bond

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) Unknown5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. 7 Med. Date Oct. 27 193619. UNDERTAKER (Address) Commissioner of Health

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coma

Other contributory causes of importance:

Probably Chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. M. W. Wright

M. D.

(Address) 1010 S. Edmund Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28476

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)Length of residence in city or town where death occurred *70* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1 E. Center*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Thomas G. Wens*6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE *70* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William Green*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *James T. Thompson* (Address) *1 E. Center St.*18. BURIAL, CREMATION, OR REMOVAL Place *W. F. Cochrane Cemetery* Date *Oct 27* 19*36*19. UNDERTAKER *Archibald G. Gaddis* (Address) *2101 MC Brien St.*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/26/36*22. I HEREBY CERTIFY, That I attended deceased from *10.17.1936* to *10.26.1936*I last saw her alive on *10.26.36* 19 Death is said to have occurred on the date stated above, at *11 A.* am.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

2

Other contributory causes of importance:

*uremia**10.24.36*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

James D. Carr M. D.*515 Mosher St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28477

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward _____)

South Baltimore General Hospital

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mrs. Florence S. Eberman

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

4 West 25th St.

St., _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of William E. Eberman

6. DATE OF BIRTH (month, day, year) Feb. 4, 1875

7. AGE Years 61 Months 8 Days If LESS than 1 day, _____ hrs. or _____ min. 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William H. Raiger

14. BIRTHPLACE (city or town) Balt. Md. (State or country)

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) Balt. Md. (State or country)

17. INFORMANT Eddie Ray Thomas (Address) 100 St. University Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Linden Park, Date Oct. 28, 1936

19. UNDERTAKER John Mitchell & Sons (Address) 1700 Eutan Place

20. FILED 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/22/36 to 10/26/36

I last saw him alive on 10/26/36 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

1. Arteriosclerosis, generalized 2. Hypertension, secondary 3. Nephritis, chronic with uremia 4. Bronchopneumonia, terminal

Other contributory causes of importance:

1. Febris typhosa, type undetermined

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Nathan Wolf South Balto Gen Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. St., ... Ward)

12-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ms. Clara Martin Williams

(a) Residence: No. St., ... Ward.

Sumner Apts

12-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Judge Thomas J. C. Williams

6. DATE OF BIRTH (month, day, year) Feb 3, 1849

7. AGE Years 87 Months 8 Days 23 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Washington Co. Md. (State or country)

13. NAME Dr. Thomas M. Maddox

14. BIRTHPLACE (city or town) St. Marys Co. Md. (State or country)

15. MAIDEN NAME Mary P. Claggett

16. BIRTHPLACE (city or town) Fred. Co. Md. (State or country)

17. INFORMANT Richard C. Williams (Address) 302 3rd Calver St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Marks East Co. Md. Date Oct. 28, 1936

19. UNDERTAKER John Outsell Jones (Address) 1900 Eutaw Place

20. SIGNATURE H. Harlie Framing

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1936, to October 26, 1936.

I last saw her alive on October 26, 1936. Death is said to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder
Pulmonary Edema
Intoxications

Date of onset? 2 weeks? Oct 26, 1936

Other contributory causes of importance:

Was an operation performed? yes Date of 10/24/36

For what disease or injury? Carcinoma of Gall Bladder or Cholecystitis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) H. Harlie Framing M. D.

(Address) Union Memorial Hosp.

27 1936

M. D. B. 1936
F 28479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28479

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hspt. St. 9-3* Ward)Length of residence in city or town where death occurred *14* yrs. *6* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *3601 New York Road* St., *9-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, or divorced HUSBAND of *Lillian M. Sank*6. DATE OF BIRTH (month, day, year) *March 11 - 1862*7. AGE Years *74* Months *7* Days *14* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *1stalerman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Plumber Supplier*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation *66*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Richard Rawdell*14. BIRTHPLACE (city or town) (State or country) *Eastern Shore Md.*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *Eastern Shore Md.*17. INFORMANT *Don. Herman Rawdell*
(Address) *3601 New York Road*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Oct 28, 1936*19. UNDERTAKER *John F. Denny*
(Address) *715 Light St*20. FILED *Oct 27 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *June 24, 1936, to Oct. 25, 1936*I last saw him alive on *Oct. 25, 1936* Death is said to have occurred on the date stated above, at *5:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Diabetic (Necrotic)

Date of onset

Apr. 1936

Other contributory causes of importance:

*Diabetic gangrene of foot and legs**May 1936*Name of operation *None* Date of *✓*What test confirmed diagnosis? *Syrm.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *No*, 19Where did injury occur? *No injury*Specify whether injury occurred in (Specify city or town, county, and State) industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *William H. Heston* M. D.
(Address) *Franklin Square Hspt.*

28480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17826F 28480

45-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 1-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Campbell

If U.S. Veteran specify WAR

(a) Residence: No. 3046 Boston St., St., Ward,
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-27-1869

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A. G. Co Date Oct 28 1936

19. UNDERTAKER John F. Denny (Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 1936

22. I HEREBY CERTIFY, That I attended deceased from

10-10 1936 to 10-26 1936

I last saw him alive on 10-26 1936 Death is said to have occurred on the date stated above, at 6 05 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma left mandible?

Date of onset

Other contributory causes of importance:

Fatigue

3 mos.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Brown M. D.

(Address) Balt. City Hosp

27 27 1936

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified.

F 28481

F 28481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.

St. 744 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James M. Neenan

If U.S. Veteran

specify WAR

(a) Residence: No. 1457 Reynolds St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| male | white | married |

6a. If married, widowed, or divorced Margaret McHale
 HUSBAND of
 (or) WIFE of XXXXXXXXXX

6. DATE OF BIRTH (month, day, year) Oct. 16, 1895

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 41 | | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME James Neenan

14. BIRTHPLACE (city or town) Co. Mayo
 (State or country) Ireland

15. MAIDEN NAME Mary Slattery

16. BIRTHPLACE (city or town) Co. Mayo
 (State or country) Ireland

17. INFORMANT Records, U.S. Marine Hospital
 (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Ronan's Roudy Date Oct 29 1936

19. UNDERTAKER John P. Stevens
 (Address) 104 S. Paul Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1936 to October 26, 1936

I last saw him alive on October 26, 1936. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic
 bilateral, far advanced

Tuberculosis of larynx

Other contributory causes of importance:

Inanition

Date of onset

Unknown

May 1936

May 1936

Was an operation performed? Yes Date of 8/29: 9/11:

For what disease or injury? T.B. of larynx

(Cauterization of ulcers, laryngeal)

What test confirmed diagnosis? X-rays Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Specify

(Signed) T. M. J. a. d. m.

M. D.

(Address) U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1936

28482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Sub-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. University Hospital St., Passadena Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>October 26, 1926</u> | | |
| 7. AGE | Years | Months Days |
| | | If LESS than 1 day, hrs. or min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME Samuel Nelson McNutt14. BIRTHPLACE (city or town) Darlington
(State or country) Maryland15. MAIDEN NAME Mary Trillie Lloyd16. BIRTHPLACE (city or town) Whiteford
(State or country) Maryland17. INFORMANT Mary Trillie Lloyd
(Address) Bolton, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Cem. Date Oct 27, 193619. UNDERTAKER H. S. Bailey
(Address) Darlington Md.20. FILED 17-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/3622. I HEREBY CERTIFY. That I attended deceased from 6 PM October 26, 1936 to 1 PM October 26, 1936I last saw H.E.R. alive on October 26, 1936 Death is said to have occurred on the date stated above, at 9 PM.

The principal cause of death and related causes of importance were as follows:

INTRACRANIAL
HEMORRHAGE

Date of onset

Other contributory causes of importance:

Name of operation NONE Date ofWhat test confirmed diagnosis? Slit Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Bailey M. D.(Address) Darlington, Md.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28483

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp* Ward)Registered No. *48*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Katherine Marie Page*

If U.S. Veteran

specify WAR

(a) Residence: No. *1920 W Fayette* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan 8, 1887*7. AGE Years *49* Months *9* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore md.* (State or country)13. NAME *Edward W Page*14. BIRTHPLACE (city or town) *Baltimore md.* (State or country)15. MAIDEN NAME *Emma Gammer*16. BIRTHPLACE (city or town) *Balt md.* (State or country)17. INFORMANT *Mrs Emma Page* (Address) *1920 W Fayette St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western* Date *Oct 20, 1936*19. UNDERTAKER *Harry Witzke* (Address) *1111 E. Camden Ave.*

OCT 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 25, 1936*22. I HEREBY CERTIFY That I attended deceased from *October 13, 1936, to October 25, 1936*I last saw her alive on *October 25, 1936* Death is said to have occurred on the date stated above, at *12:30 PM*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Uterus Metastases to Lungs*Date of onset *2 yrs. 2 mo.*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *autopsy* Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. J. M. D.
Bon Secours Hospital

F 28484

F 28484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *McL-Sen-Hosp* St. *9-7* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *2830 Barnett St* St. *Barnett Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color, or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *0 0 0*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto, Md* (State or country)13. NAME *Charles C. Glaser*14. BIRTHPLACE (city or town) *Balto Md* (State or country)15. MAIDEN NAME *Helen G. Quental*16. BIRTHPLACE (city or town) *Balto, Md* (State or country)17. INFORMANT *C. C. Glaser* (Address) *2530 Barnett St*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Oct 27 1936*

19. UNDERTAKER

(Address)

20. FILED

OCT 27 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 26*, 193622. I HEREBY CERTIFY, That I attended deceased from *Oct 26*, 1936, to *Oct 26*, 1936I last saw her alive on *Oct 26*, 1936 Death is said to have occurred on the date stated above, at *5:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Prematurity - 5 1/2 mos

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 28485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28485

CERTIFICATE OF DEATH

18134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals _____ Sta. _____ Ward) 8-3

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Katie Selvage

If U.S. Veteran
specify WAR _____(a) Residence: No. 2421 E. Hoffman St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Thomas
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/1866

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2037

12. BIRTHPLACE (city or town) New York
(State or country)

13. NAME Isiah Hawkins

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 28 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Howard St. No

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1936 to 10-26 1936

I last saw her live on 10-26 1936. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 10-24-36

Other contributory causes of importance:

Cerebral Thrombosis (non syphilitic)

2 mks?

Was an operation performed? No

Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Signed John L. Rainey M. D.
(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1936

F 28486

F. 28486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat* St. *28-1* Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME *Margaret M. Daley*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR *None*(a) Residence: No. *Mount Hope Retreat* St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 14 - 1860*7. AGE Years *76* Months *7* Days *12 13* If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *Charles Daley*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Mary McBride*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Records of Mt. Hope Retreat*
(Address) *Mount Hope Retreat*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral (Cms.)* Date *Oct 25/36*19. UNDERTAKER *Stewart & Mowen Company*
(Address) *108 - W - North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 26* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Aug 1* 19*24* to *Oct. 26* 19*36*I last saw him alive on *Oct 26* 19*36* Death is said to have occurred on the date stated above, *4:35 P.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Acute dilatation

Date of onset

?

Other contributory causes of importance:

Chronic hepatitis
Senile dementia

?

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Urine* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

William P. Hill

M. D.

(Address)

Mount Hope Retreat

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 27 1936

F 28487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28487

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Springdale St. Ward 28-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth 60 yrs. 6 mos. 22 ds.

2. FULL NAME

Samuel Lewis SnellenbergIf U.S. Veteran specify WAR NONE(a) Residence: No. 4405 Springdale Ave. St., 8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Ida B. Snellenberg (or) WIFE of6. DATE OF BIRTH (month, day, year) April-23-18767. AGE Years 60 Months 6 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. A. J. Webb10. Date deceased last worked at this occupation (month and year) Oct 24/36 11. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Lewis L. Snellenberg14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Eliza Steinberg16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Ida B. Snellenberg (wife)(Address) 4405 Springdale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Oct 28/3619. UNDERTAKER Stewart Mortuary(Address) 28 W. Baltimore St.20. FILED 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26/36, 1922. I HEREBY CERTIFY, That I attended deceased from Oct 25/36, 19, to Oct 26/36, 19.I last saw him alive on Oct 25, 1936. Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

Same history of living several days of Angina-pectoris during the past 2 mo.
Coronary occlusion Oct 20/36Other contributory causes of importance: Arterio-sclerosis 1926Was an operation performed? No Date ofFor what disease or injury? PharynxWhat test confirmed diagnosis? Pharynx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Walter D. Tubett M. D.(Address) 2220 Harrison

Information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28488

28488 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital*CITY OF BALTIMORE: (No. *21-2* St. *21-2* Ward)Length of residence in city or town where death occurred *48* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Mr. William B. Griffin*(a) Residence: No. *1123* *Carroll Street* St. *21-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *11-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *JENNIE GRIFFIN*6. DATE OF BIRTH (month, day, year) *APR 17 1889*7. AGE Years *48* Months *6* Days *10* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Boiler Maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B&O.*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balta Md* (State or country)13. NAME *Chas. P. Griffin*14. BIRTHPLACE (city or town) *Balta* (State or country)15. MAIDEN NAME *Martha Martin*16. BIRTHPLACE (city or town) *Balta* (State or country)17. INFORMANT *Jennie Griffin* (Address) *1123 Carroll St*18. BURIAL CREMATION, OR REMOVAL *Int. Olver* Date *10/30/36*19. UNDERTAKER *Jos. H. Leimbach* (Address) *2509 Lyndhurst*MEDICAL CERTIFICATE OF DEATH *0*21. DATE OF DEATH (month, day, year) *October 27, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 25, 1936* to *October 27, 1936*I last saw him alive on *October 27, 1936*. Death is said to have occurred on the date stated above, at *7:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia, influenzal.*Date of onset *10/24/36*

Other contributory causes of importance:

Was an operation performed? *No*Date of *—*

For what disease or injury?

Name of operation *—*Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *—*, 19*—*Where did injury occur? *—*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph H. Lawkaitis

M. D.

(Address) *6790 Washington Blvd*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED 1936

Registrar

F 28489

F 28489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 W. Lafayette St. Ward 14-4)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Lucy Spencer

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 634 W. Lafayette St. Ward 14-4

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Spencer6. DATE OF BIRTH (month, day, year) 5/12/18827. AGE 54 Years 5 Months 14 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country) James Pendleton
Charlestown W. Va.15. MAIDEN NAME Virginia16. BIRTHPLACE (city or town) (State or country) West Va.17. INFORMANT Mrs May Spencer Wood
(Address) 634 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Charlestown W. Va. Date 10/28 193619. UNDERTAKER Mrs Katie B. Williams
(Address) 322 Schroeder Street

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26- 193622. I HEREBY CERTIFY, That I attended deceased from 9-8- 1936 to 10-26- 1936I last saw her alive on 10-23- 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lungs

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) M. H. Carlin M. D.(Address) 611 - N. Caroline

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 23 1936

F 28490

F 28490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *27-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *20* yrs. *0* mos. *0* ds.

2. FULL NAME

William S. Collins

If U. S. Veteran

specify WAR

(a) Residence: No.

3125 Clearview Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of

*Jessie Y. Collins*6. DATE OF BIRTH (month, day, year) *1886*

7. AGE

Years

Months

Days

If LESS than 1 day, *0* hrs. or *0* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. County*
(State or country) *Md.*

FATHER

13. NAME *Unknown*14. BIRTHPLACE (city or town) *Balto. County*
(State or country) *Md.*

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Balto. County*
(State or country) *Md.*17. INFORMANT *William H. Amelary*(Address) *3125 Clearview Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Paul Schreiber* Date *Oct 19 1936*19. UNDERTAKER *Paul Schreiber*(Address) *6209 Highland Rd.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/22/1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquiry* find that said deceased came to *his* death on the day dated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractures Skull

Other contributory causes of importance:

*Intra-cranial hemorrhage*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chiral* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *10/16 1936*Where did injury occur? *3125 Clearview Ave. Balto. Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of Injury *Fell down cellar steps*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schreiber*(Address) *1919 E. North Ave.*

Coroner

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

OCT 28 1936

F 28491

F 28491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Summerfield Ave 76-1 Ward)

Length of residence in city or town where death occurred, yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

Betty Tyler

If U.S. Veteran
specify WAR

(a) Residence: No. 5511 Summerfield Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
HUSBAND of Edward Tyler
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13-1870

7. AGE Years 66 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME John Cornell

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Eliza Cain

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Ella Osborne (Address) 5511 Summerfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Ep. Church Oct. 28 1936

19. UNDERTAKER C. Miller & Son (Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1936

22. I HEREBY CERTIFY. That I attended deceased from Aug 19th, 1936, to Oct 25th, 1936I last saw her alive on Oct 25, 1936. Death is said to have occurred on the date stated above, at 10³⁰ a. m.

The principal cause of death and related causes of importance were as follows:

Pulmon Tuberculosis June 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lat Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

S. Harding M. D.

(Address)

OCT 28 1936

Registrar.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28492

F 28492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 E Monument St. - 5 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1646 E Monument St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-------------------------|--|
| 3. SEX Female | 4. Color or Race Caf | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Day | | |
| 6. DATE OF BIRTH (month, day, year) 1875 | | |
| 7. AGE 61 | Years - | Months - |
| | Days - | If LESS than 1 day, hrs. or min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None |
| | 10. Date deceased last worked at this occupation (month and year) None |
| | 11. Total time (years) spent in this occupation None |

12. BIRTHPLACE (city or town) (State or country)
Washington D.C.13. NAME
Margaret Johnson14. BIRTHPLACE (city or town) (State or country)
D.C.15. MAIDEN NAME
Margaret Johnson16. BIRTHPLACE (city or town) (State or country)
D.C.17. INFORMANT
(Address)
Eva Burke
1646 E Monument St.18. BURIAL, CREMATION, OR REMOVAL
Place
Washington D.C. Date
Oct 28 193619. UNDERTAKER
(Address)
818 E. Daniel St.20. FILED
OCT 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)
Oct 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as inquest, Autopsy or Inquiry

obtained by said inquest, Autopsy or Inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
Chronic Pulmonary
Phthisis

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

Name of operation: none Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed) George J. Allen, M. D.

(Address) 507 Pennsylvania St.

F 28493

F 28493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 19-2*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Lucius Hall(a) Residence: No. *1515 W. Lexington*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 16 1900*

7. AGE

Years *36*Months *1*Days *9*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) *Asheville Virginia*

FATHER MOTHER

13. NAME *Andrew*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Angie Langston*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT (Address) *Mr. Angus Hall, mother 1124 W. Calhoun St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn 10/29/1936*19. UNDERTAKER (Address) *Chas. Cooper 514 N. Calhoun St. 19*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 25, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) obtained by *autopsy* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *V. M. Wright*

Coroner

M. D.

(Address) *1010 S. E. Calhoun St.*

Registrar

OCT 28 1936

Exact statement of information should be carefully supplied. All should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28494

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Evergreen Ave. ST. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter E. Rohrbach(a) RESIDENCE NO. 3000 Evergreen Ave. ST. 27-4 WARD

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) married5a If married, widowed, or divorced
HUSBAND of Mildred Ruth Rohrbach
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Aug 8, 19027 AGE 34 Years 2 Months 19 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dental Surgeon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9 BIRTHPLACE (city or town) Bechtelton
(State or country) W. Va.10 NAME OF FATHER J. H. Rohrbach11 BIRTHPLACE OF FATHER (city or town) Bechtelton
(State or country) W. Va.12 MAIDEN NAME OF MOTHER Mary Sipe13 BIRTHPLACE OF MOTHER (city or town) Bechtelton
(State or country) W. Va.14 Informant Mrs. W. E. Rohrbach
(Address) 3000 Evergreen Ave.15 Filed 28 1936 At City of Baltimore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 193617 I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to Oct 27, 1936
that I last saw him alive on Oct 27, 1936and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Sub acute Bacterial
Endocarditis (Streptococcus
viridans)(duration) 0 yrs. 0 mos. 0 ds.CONTRIBUTORY Embolic (Primary)
(Secondary) Coronary (duration) 0 yrs. 0 mos. 0 ds.18 Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? blood culture(Signed) C. Earl Swink, M. D.(Address) 47 B. Harbor Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Linwood Cem.

DATE OF BURIAL

Oct. 29 1936

20 UNDERTAKER

Wm. C. Brooks & Son

ADDRESS

Sparks

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 28495

F 28495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 C 21 St. 12-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran

specify WAR _____

2. FULL NAME

Arleigh E. Walker(a) Residence: No. 322 C 21

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Maynie Burratt
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 20, 19067. AGE Years 30 Months 4 Days 7 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Clerk City Hosp.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) W. Va.13. NAME Wesley W. Walker14. BIRTHPLACE (city or town) (State or country) W. Va.15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Maynie Walker(Address) 322 C 21 St.18. BURIAL, CREMATION, OR REMOVAL
Place Funeral Home Date Oct 29, 193619. UNDERTAKER Harry H. Wolfe(Address) Hillside & BaltimoreRegistrar Harry H. Wolfe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1936 to Oct. 27, 1936I last saw him alive on Oct. 26, 1936. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

about
known
now

Other contributory causes of importance:

Was an operation performed? No. Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____(Signed) Harry H. Wolfe M. D.(Address) 424 E. North Ave.

OCT 28 1936

PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28496

F 28496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 S. Clinton St., 76-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise W. Reimers

If U. S. Veteran

specify WAR

(a) Residence: No. 936 S. Clinton St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 1 1893

7. AGE Years 42 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in bookkeeping 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna John

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Anna Reimers, (Mother)

(Address) 936 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place 18 Long Beach

Date Oct 29 1936

19. UNDERTAKER George W. Zirkler

(Address) 1227 E. Egle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Partly chronic myocarditis

Other contributory causes of importance:

Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright

M. D.

(Address) 1010 S. Eldred Ave.

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 23 1936

Registrar

M. D. B. 1936
F 28497

F 28497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Shirley Shiffletts

(a) Residence: No. Woodbine R.F.D. 1 Carrell Co. Md.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of John Shiffletts (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 18, 18947. AGE Years 42 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME F. Koontz14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME A. Not Known16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT Mrs. V.D. Davis (Address) Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL

Pl. Monica Chapel Cemetery Date Oct. 30, 193619. UNDERTAKER C.M. Hartz (Address) Newfield, Md.20. FILED 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1936 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came Her (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular Disease ofHeart

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 28498

F 28498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-9 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Sadie Cook(a) Residence: No. 624 Chapel St.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WARNo Record

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of William (D)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-30-18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 1 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Ma.13. NAME Thomas Lloyd14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Rosie Jones16. BIRTHPLACE (city or town) Baltimore,
(State or country) Ma.17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/30 193619. UNDERTAKER William Cook(Address) 1217 E. Paul St.Stanton Williams

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27 193622. I HEREBY CERTIFY, That I attended deceased from 3-26 1936 to 10-27 1936I last saw him alive on 10-27 1936. Death is said to have occurred on the date stated above, at 4:30 A.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (no-apoplexy) Date of onset 10/27

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John F. Rainey(Address) Baltimore City Hospital

VS 3

OCT 28 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28499

F 28499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Windsor Ave 5-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran, specify WAR No Record

2. FULL NAME

George D. Morris(a) Residence: No. 3103 Windsor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 22^d 18687. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 4 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Honor. Painter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) (State or country) MD13. NAME Wm G. Morris14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Annie M. Kargle16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT Harry C. Morris
(Address) 3103 Windsor Ave18. BURIAL, CREMATION, OR REMOVAL
Interment at Longfellow Cemetery, Towson, MD Date Oct 28th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th 193622. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1936 to Oct 26th 1936I last saw him alive on Oct 26th 1936 Death is saidto have occurred on the date stated above, at 2:15^p m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Cardio-Vascular
renal Disease
Emiaemia

Date of onset

Other contributory causes of importance:

SenilityWas an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date ofWhat test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specifySigned) M. P. Zyerly M. D.
(Address) 3045 W. North Ave

F 28500

F 28500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 19-4 Ward)Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Delores Emily Kelly

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

No Record(a) Residence: No. 1830 Hoover St St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single3a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Apr. 28-19357. AGE Years 1 Months 17 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME John Kelly14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Amelia Rezk16. BIRTHPLACE (city or town) Balto Md
(State or country)17. INFORMANT Amelia Kelly
(Address) 1830 Hoover St

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date 10/29/3619. UNDERTAKER William Cook
(Address) 1217 St. Paul St

20. FILED

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1936 to Oct. 25, 1936I last saw her alive on Oct. 25, 1936 Death is said to have occurred on the date stated above, at 10:58 Pm.

The principal cause of death and related causes of importance were as follows:

Pneumonia - broncho

Date of onset

Other contributory causes of importance:

Atitis Media, Malnutrition
Rickets, DiarrheaWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Chemical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

University Hospital

M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

OCT 26 1936

F 28501

F 28501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. *1* mos. *23* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lemore Hoffman

If U.S. Veteran

specify WAR

(a) Residence: No. *Belair* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
|-------------------------|----------------------------------|---|

| |
|--|
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Edgar Hoffman</i> |
|--|

6. DATE OF BIRTH (month, day, year) *May 31 1904*

| | | | | |
|--------|--------------------|--------------------|-------------------|--|
| 7. AGE | Years <i>32</i> | Months <i>4</i> | Days <i>27</i> | If LESS than 1 day, hrs. or min. |
|--------|--------------------|--------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Co. Md.*
(State or country)13. NAME *See get Vogel*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *May Sellmann*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Zion N.Y. Co.* Date *Oct 30* 19*36*19. UNDERTAKER *C. E. Arthur*
(Address) *One base*

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 27* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Sept 4* 19*36* to *Oct. 27* 19*36*.I last saw her alive on *Oct 27* 19*36* Death is said to have occurred on the date stated above, at *4:30 P.* m.

The principal cause of death and related causes of importance were as follows:

*Rheumatic Cardiac Valvular Disease
Subacute Bacterial Endocarditis*

Date of onset

Other contributory causes of importance:

Was an operation performed? *no.* Date of

For what disease or injury?

What test confirmed diagnosis? *Blood Culture* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify(Signed) *Maxwell Albrecht* M. D.(Address) *University Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1936

F 28502

F 28502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elaine Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1621 Ellsworth St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Fred Chapman

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Blanch Williams

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/24 1936

19. UNDERTAKER

(Address) 608 N. Belmont

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 27, 1936

I last saw her alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Bronchopneumonia

Date of onset

Oct 5, 1936
Oct 15, 1936

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature) Francis J. Schweitzer, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28503 Jennie Fatherly F 28503
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7307, Gilmor St. 16-3 Ward)

Length of residence in city or town where death occurred: 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 7307 N. Gilmor St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: *Female* 4. Color or Race: *Col* 5. Single, Married, Widowed, or Divorced (write the word): *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: *John Fatherly*

6. DATE OF BIRTH (month, day, year): *July 17th 1887*

7. AGE: Years: *49* Months: *3* Days: *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): *Pa*

13. NAME: *George Upshure*

14. BIRTHPLACE (city or town) (State or country): *Pa*

15. MAIDEN NAME: *Matilda*

16. BIRTHPLACE (city or town) (State or country): *Pa*

17. INFORMANT: *Berta Upshure*
(Address): *408 N. 150th St. N.Y. City*

18. BURIAL, CREMATION, OR REMOVAL: *Calvary* Date: *Oct 28th 1936*

19. UNDERTAKER: *Sam'l. Chase & Co.*
(Address): *638 N. Gilmor St.*

20. FILED: *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): *Oct. 25, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 24* to *Oct. 25, 1936*

I last saw him alive on *Oct. 25, 1936* Death is said to have occurred on the date stated above, at *10* m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage

Date of onset

10/24/36

Other contributory causes of importance:

chronic nephritis

1 yr. ago

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *O. W. Riggs* (Address) *1536 W. Lanesdale St.*

OCT 28 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28504

CERTIFICATE OF DEATH

28504

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E Federal Street St., 8-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie E. Schaal

If U.S. Veteran

specify WAR

(a) Residence: No. 1825 E. Federal Street St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of George A Schaal
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8th, 1860

7. AGE Years 76 Months 7 Days 17 If LESS than 1 111111 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Isreal Coates

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mina Harman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Minnie Schaal
(Address) 1825 E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 25, 1936

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735 Harford Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to October 25 1936

I last saw her alive on October 25, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Severe
with broken Compensation
General Edema

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Amelia E. Smith M. D.

(Address) 1717 W. Caroline St

OCT 28 1936

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Etting St. 17-2 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Fannie Barry Mack

(a) Residence: No. 1127 Etting
(Usual place of abode)

St. 17-2 Ward. 17-2
(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Emanuel Mack (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8/92
7. AGE Years 44 Months 4 Days 19 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) Nov 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Norfolk Va. (State or country)

13. NAME Samuel Berry
14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Ida Wycoff
16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Edith Wycoff (Address) 1127 Etting St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 10/30 1936

19. UNDERTAKER Thomas E. Kelson (Address)

20. FILED 11-11-36 11-11-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18- 1936, to 10-27- 1936.

I last saw her alive on 10-23- 1936. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of heart

Date of onset

Other contributory causes of importance:

Valvular disease of heart

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation. no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W H Cargill M. D.

(Address) 611-N. Caroline

F 28506 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 2453

Length of residence in city or town where death occurred 0 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Anna Ramko.

(a) Residence: No. 1002 Sumwalt Court. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) May 26, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Wesley Ramko.

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Eva Deoca.

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Eva Ramko. (mother) (Address) 1002 Sumwalt Court.

18. BURIAL, CREMATION, OR REMOVAL

Place Place Date Oct 28 1936

19. UNDERTAKER Commissioner of Health (Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Hospital Autopsy. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

10/26/36 1017 S. Charles St.

M. D.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 28507 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28507

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Wiggins.

If U. S. Veteran

specify WAR

(a) Residence: No. 106 W. Conway St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Do not know. |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----- | | |

6. DATE OF BIRTH (month, day, year) do not know

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 39 | --- | --- | --- |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Henderson, N. C.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Albert Martin.
(Address) 106 W. Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Date Oct 28 1936

19. UNDERTAKER
(Address)

20. FILED 29-330 Per H. A. 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull
Accidental fall down stairs.

Date of onset

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis? Inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 10/14/36

Where did injury occur? 106 W. Conway St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fracture of the skull.

Nature of injury Fall down stairs.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto Reinhardt M. D.
Coroner
(Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28508 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28508

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Union Ave. St. 13 Ward)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1004 Union Ave. St. 13 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank George

6. DATE OF BIRTH (month, day, year) May 3-1868

7. AGE Years 68 Months 5 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Ongle

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Charles P. George (Address) 1004 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Oct. 29, 1936

19. UNDERTAKER Horace H. Burge (Address) 3631 Kalls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26-1936

22. I HEREBY CERTIFY That I attended deceased from Oct 23 1936 to Oct 26 1936

I last saw her alive on Oct 26 1936 Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

Elderly Myocarditis

Date of onset 2 yrs.

Other contributory causes of importance:

Coronary Thrombosis

2 hrs.

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. D.

(Address) 846 W 36 St

CT 28 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Braddish Ave St. 16-5 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles Christian Schilling

(a) Residence: No. 1509 Braddish Ave St., 16-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Christian E. Rehling (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13th 1875
7. AGE Years 61 Months 5 Days 13 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Don not know
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Do not know
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Christian C. Schilling (Address) 1509 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 10/29/36 19

19. UNDERTAKER Wm. W. W. W. (Address) 2503 Edmonson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 26 36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Oct 26, 1936

I last saw him alive on Oct 26, 1936 Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 3 yr

Other contributory causes of importance: Hypertension 10 yr

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ✓

(Signed) Malon C. Bacon M. D.

(Address) 100 E 20th St

OCT 28 1936

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F 28510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28510

CERTIFICATE OF DEATH

1. PLACE OF DEATH JONES HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.2. FULL NAME Roger A Skinner(a) Residence: No. 1914 N Prospect Ave

(Usual place of abode)

Ward. Wilwaukee

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Anna
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/28/907. AGE Years 46 Months 1 Days 1 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis13. NAME Wm R. Skinner14. BIRTHPLACE (city or town) (State or country) N. Y.15. MAIDEN NAME Mary Woodle16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT Records(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Milwaukee Wis Date 10-28-3619. UNDERTAKER John O. Mitchell(Address) 1900 E. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 193622. I HEREBY CERTIFY. That I attended deceased from Oct 19, 1936 to Oct 28, 1936I last saw him alive on Oct 28, 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

HemochromatosisDate of onset
Dec 1934

Other contributory causes of importance:

Diabetes MellitusMyocarditis & renal insufficiency

May 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Rankin C. Blount

M. D.

(Address) Johns Hopkins Hosp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FILED

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Registrar

F 28511 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 N Patterson St Ward)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Edward J. Willem

(a) Residence: No. 937 N Patterson St Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Camelia Willem</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Oct. 27. 1865</u> | | |
| 7. AGE <u>71</u> | Years <u>71</u> | Months <u>0</u> |
| Days <u>0</u> | | If LESS than 1 day. <u>0</u> hrs. <u>0</u> min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>0</u> | | 11. Total time (years) spent in this occupation <u>0</u> |

12. BIRTHPLACE (city or town) (State or country)
Germany

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)
Germany

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)
Germany

17. INFORMANT Carl J. Willem
(Address) 4119 Gleason Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct. 30. 1936

19. UNDERTAKER John J. Miller
(Address) 2435 E. Oliver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25/36 to Oct 27/36
I last saw him alive on Oct 27/36 Death is said to have occurred on the date stated above at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Urinal Regurgitation
Chronic Ulcers
Fracturing
Other contributory causes of importance:

Acute Cardiac Failure
Was an operation performed? 0 Date of 0

For what disease or injury? 0

What test of diagnosis? 0 Was there an autopsy? 0

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1936

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Miller M. D.

(Address) 1827 76 000 N Patterson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 28 1936

28512

HEALTH DEPARTMENT—CITY OF BALTIMORE 28512

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jeromes Church St. Ward) 21-2
Scott & Hamburg Sts.Length of residence in city or town where death occurred 33 yrs. 59 mos. 59 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Gertrude V. Saffran (SAFFRAN)(a) Residence: No. 1113 Carroll St. St. 59 Ward. 59
(Usual place of abode) (If non-resident give city or town and State)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Frederick F. Saffran
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 17, 18837. AGE Years 53 Months 8 Days 8 If LESS than 1 day, 8 hrs. or 8 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation H.W.12. BIRTHPLACE (city or town, State or country) Balto. Md.13. NAME Anthony Schwartz14. BIRTHPLACE (city or town, State or country) Balto. Md.15. MAIDEN NAME Mary E. Knell16. BIRTHPLACE (city or town, State or country) Balto. Md.17. INFORMANT F. F. Saffran
(Address) 1113 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

CathedralDate 10-29-3619. UNDERTAKER Bernard C. Harbo
(Address) 131 E. West St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

DiabetisCoronary Thrombosis

Other contributory causes of importance:

Was an operation performed? 1 Date of 1

For what disease or injury?

Name of operation Clin. Date of NoWhat test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify 1936(Signed) 2757 K. M. D. M. D.(Address) 2757 K. M. D.

OCT 28 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28513

HEALTH DEPARTMENT—CITY OF BALTIMORE 28513

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland Gen'l. Hosp.*Registered No. *149-0*CITY OF BALTIMORE: (No. *16-7* St. *16-7* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *42* yrs. *10* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Agnes Seabreeze*

If U. S. Veteran

specify WAR

(a) Residence: No. *2812 Riggs Ave*

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Elmer Seabreeze*6. DATE OF BIRTH (month, day, year) *Jan. 15, 1894*7. AGE : Years *42* Months *10* Days *12* If LESS than 1 day, ____hra. or ____min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)13. NAME *Agnes Seabreeze*14. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)15. MAIDEN NAME *Annie Tunnels*16. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)17. INFORMANT *Elmer Seabreeze*
(Address) *2812 Riggs Ave*

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date *10-31-36*19. UNDERTAKER *Bernard C. Hazler*
(Address) *121 E. N. 2nd St*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 27, 1936*22. I HEREBY CERTIFY That I attended deceased from *Oct. 27, 1936* to *Oct. 27, 1936*I last saw her alive on *Oct. 27, 1936* Death is said to have occurred on the date stated above, at *10:15* m.

The principal cause of death and related causes of importance were as follows:

*Childbirth*Date of onset
7 mo
ago

Other contributory causes of importance:

*Shock secondary to uterine hemorrhage**10/26/36*Was an operation performed? *yes* Date of *Oct. 27, 1936*For what disease or injury? *an complete abortion*Name of operation *vaginal* Date of *10/27/36*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *A. R. Ewald Jr.* M.D.*Maryland Gen'l. Hosp.*

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 3

OCT 28 1936

28514

HEALTH DEPARTMENT—CITY OF BALTIMORE

28514

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 17-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Franz Heckerotte

If U. S. Veteran

specify WAR

(a) Residence: No.

417-E. Lanvale

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

2 female

white

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec: 19, 1932

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3

10

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Walter E. Heckerotte

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Celeste Cogley

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Malta E. Heckerotte

(Address)

417 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Buried in home Date 10/29/36

19. UNDERTAKER

(Address)

Lee & Co. 1703 N. Park St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 26, 1936, to Oct. 28, 1936

I last saw her alive on Oct. 28, 1936. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension - Zonitella + nasal

Date of onset

10/24

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Sidney Gelman

M. D.

(Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. FILED

Huntington Library

F M 28515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 W. North Ave / 15-3 Ward)Length of residence in city or town where death occurred 60 yrs. unknown long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2131 W. North Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28, 18557. AGE Years 80 Months 9 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.13. NAME Thomas Cashen14. BIRTHPLACE (city or town) (State or country) Ireland.15. MAIDEN NAME Mary Bohoney16. BIRTHPLACE (city or town) (State or country) Ireland.17. INFORMANT Mrs. Sara Irwin (Address) 2131 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 29, 193619. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 193622. I HEREBY CERTIFY, That I attended deceased from 8-13-1936 to 10-26-1936I last saw him alive on 10-26-1936 Death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma larynx

Date of onset

Unknown

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis Clinical Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Pro. B. Aybert

M. D.

(Address)

2802 Warford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1936

F 28516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Womans Hospital

CITY OF BALTIMORE: (No. _____)

St. 14-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Heister

(a) Residence: No. _____

Womans Hospital

St. Paul St. Elliott City.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) October 28, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or 5 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER FATHER

13. NAME

Walter Lee Heister

14. BIRTHPLACE (city or town) Upper Tract W. Va.
(State or country)

15. MAIDEN NAME

Earl Heath

16. BIRTHPLACE (city or town) Newwood, Va.
(State or country)

17. INFORMANT

Walter Lee Heister

(Address)

College Rd. Mount City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Polins Cem Date Oct 29, 1936

19. UNDERTAKER

(Address)

J. C. Hogenborth Jr.
Elliott City, Md.Huntington Williams, M.D.
Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

October 26, 1936, to October 28, 1936.

I last saw him alive on October 28, 1936. Death is said
to have occurred on the date stated above, at 10³⁰ A.M.The principal cause of death and related causes of
importance were as follows:

Intra cranial Hemorrhage

Date of onset
10/28/36

Other contributory causes of importance:

Name of operation Forceps Delivery Date of 10/28/36

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

J. C. Hogenborth Jr., M.D.
Womans Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 28-1936

28517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Chas. T. Hunt

If U. S. Veteran specify WAR

(a) Residence: No. Laurel Md. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Hunt6. DATE OF BIRTH (month, day, year) Nov. 30, 18767. AGE Years 59 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Farmer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Henry Hunt14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Susie Routson16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Mrs. Hunt (Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL

At home cemetery, Laurel Md. Date Oct. 31, 193619. UNDERTAKER Paul N. Martin (Address) New Freedom, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

Corner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 28 1936

Registrar

28518 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28518

CERTIFICATE OF DEATH

1. PLACE OF DEATH 33rd + Calvert St.

CITY OF BALTIMORE: (No. V. M. Hospital St. 13-8 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

2. FULL NAME Marion Lee Mohr

(a) Residence: No. 3549 Sweet Ave. 7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced; HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1936

7. AGE Years 3 Months 26 Days 26 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Charles C. Mohr

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Jennie Hoffmann

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Charles C. Mohr (Address) 4644 Fall Mall Road

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hospital, Oct 29, 1936

19. UNDERTAKER Chenoweth (Address) 3615-17 Chestnut Ave.

20. CT 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1936 to 10/27, 1936

I last saw her alive on 10/27, 1936 Death is said to have occurred on the date stated above, at 11:45 am

The principal cause of death and related causes of importance were as follows:

Asymptomatic (leukemia) (Date of onset 9/13/36)

Other contributory causes of importance: Diarrhea (Hypertension) 9/6/36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold S. Elz M. D. (Address) 2200 St. James St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bauhaus

F 28519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28519

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Harlem apt 5 St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2628 Harlem Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No. Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Bauhaus

6. DATE OF BIRTH (month, day, year) June 27, 1859

7. AGE 77 Years Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self-employed
10. Date deceased last worked at this occupation (month and year) Dec 27, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William Henry Bauhaus

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Osterwald

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Amelia Bauhaus (Address) 2628 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Buried in Gurdou apt 10/31/36

19. UNDERTAKER William Cook (Address) 1217 - 1st Ave.

20. FILED 1936 Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

for what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Bauhaus M. D.

(Address) 1215 N. Avenue Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28520

CERTIFICATE OF DEATH

✓93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W Lexington St 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lumanda Brown

If U. S. Veteran

specify WAR

No Record

(a) Residence: No. 822 W Lexington St St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F

W

Widowed

5a. If married, widowed, or divorced

(or) WIFE of

Charles H. Brown

6. DATE OF BIRTH (month, day, year)

Sept 20, 1854

7. AGE

82

Years

Months

Days

11/LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

Sept 1936

11. Total time (years) spent in this occupation

50 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

George Seare

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Harriett Lounelley

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Lula B. Brown

822 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park Oct 24/36

19. UNDERTAKER

(Address)

William Leach

1217 St Paul St

20. FILED

1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 3 1936 to Oct 28 1936

I last saw him alive on Oct 27 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia

Date of onset

3 wks

Other contributory causes of importance:

Myocarditis

2 m

Was an operation performed? No. Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Chosen

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Date of injury 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) John H. Camp M. D.

(Address) 612 W 40 St

F 28521

F 28521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E. 21st St. 12-4 Ward)Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna J. Baum(a) Residence: No. 316 E. 21st

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 7th 18797. AGE Years Months Days If LESS than 1 day... hrs. or min.
57 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver Run Md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Penna15. MAIDEN NAME Eliz. Lilly16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT

(Address) 316 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place S. Marys Silver Run Date 10/29/36

19. UNDERTAKER

(Address) 1417 N. Calvert St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1936

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in (Inquest, Autopsy, Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to this death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

OCT 29 1936

28522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28522

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave St., 13-2 Ward)Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Esther Broomell

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 2001 Park Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) May 5-18687. AGE 68 Years 5 Months 23 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pennsylvania

13. NAME

Seneca Broomell

14. BIRTHPLACE (city or town) (State or country)

Pennsylvania

15. MAIDEN NAME

Hannah Passmore

16. BIRTHPLACE (city or town) (State or country)

Pennsylvania

17. INFORMANT

(Address)

James D. Hill
2603 Lyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place FriendsDate Oct. 31, 1936

19. UNDERTAKER

(Address)

Chas. E. Franck
812 Madison Ave

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936, to Oct. 28, 1936I last saw him alive on Oct. 28, 1936 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Oct. 27, 1936

Other contributory causes of importance:

General Arterio-sclerosisWas an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ernest F. Robinson

M. D.

(Address)

Medical Ints Bldg

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.

St., 12-6 Ward)

Length of residence in city or town where death occurred 71 yrs. 21 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Lee Leutbecker

(a) Residence: No. R.F.D.#9, Brooklyn, Md.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR S.A.W.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Widower |
|----------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of Lillian Dumbarton
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 11, 1866

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 70 | 2 | 16 | |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpet layer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| 10. Date deceased last worked at this occupation (month and year) 1929 | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John M. Leutbecker

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sarah K. ??

16. BIRTHPLACE (city or town) Charlottesville
(State or country) Va.17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1929 1936

19. UNDERTAKER Robert Burks & Son
(Address) Calhoun & Hollins

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 6, 1936 to October 27, 1936

I last saw him alive on October 27, 1936. Death is said to have occurred on the date stated above, at 6:30a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver; source undetermined

Date of onset

4 yrs.

Other contributory causes of importance:

Gastric hemorrhages

2 yrs.

Was an operation performed? Yes Date of 10/7, 12 & 22

For what disease or injury? Carcinoma of liver
(Paracentesis)

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. a. d. M. D.

(Address) U.S. Marine Hospital

28524

F 28524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Christian St. 20-5 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant son of Samuel A. & Gertrude Perry(a) Residence: (No. 2533 Christian St., 20-5 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒6. DATE OF BIRTH (month, day, year) Oct. 27-19367. AGE Years Months Days 1 LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Samuel A. Perry14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Gertrude Sifers16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT Samuel A. Perry (Address) 2533 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wheaton Memorial Home Date Oct 29, 193619. UNDERTAKER Wheaton Memorial Home (Address) 2533 Christian St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936 to Oct. 28, 1936I last saw him alive on Oct. 27, 1936. Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Intra-cranial Hemorrhage

Date of onset

10/28/36

Other contributory causes of importance:

Name of operation None Date of —What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) John C. Dumber M. D.(Address) 108 S. Athol Ave.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1936

F 28525

28525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital - 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Harry W. Rodgers(a) Residence: No. 3215 Carlisle Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Laura Wacker</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>March 21/1869</u> | | |
| 7. AGE <u>67</u> Years <u>7</u> Months <u>6</u> Days | If LESS than 1 day, _____ hrs. or _____ min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>deputy clerk 0009</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>curator of Balt.</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation <u>16</u> |

12. BIRTHPLACE (city or town) Baltimore
(State or country) MdFATHER 13. NAME James H. Rodgers14. BIRTHPLACE (city or town) Richmond Va
(State or country)MOTHER 15. MAIDEN NAME Laura Virginia Godman16. BIRTHPLACE (city or town) Bald Md
(State or country)17. INFORMANT C Marshall Rodgers
(Address) 2908 Glenale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Pl Date Oct 30th 193619. UNDERTAKER George Smith
(Address) 1811 Grand St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 193622. I HEREBY CERTIFY, That I attended deceased from October 4 1936 to October 27 1936I last saw him alive on October 27 1936 at 8:35 p.m. Death is said to have occurred on the date stated above, at 8:35 p.m.The principal cause of death and related causes of importance were as follows:
Excess of Alcohol

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Philip L. Frankel(Address) Union Memorial Hospital

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1936

F 28526

28526 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Winans Way, Hunting Ridge, Md. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Charles Smith

If U. S. Veteran
specify WAR

(a) Residence: No. 803 Winans Way, Hunting Ridge, Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Late Minnie Woehler Smith (or) WIFE of

c. DATE OF BIRTH (month, day, year) March 3, 1869.

7. AGE 67 Years 7 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner Retired sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Charles E. Smith

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. C. H. Elliott, (Address) 803 Winans Way

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park

Date Oct. 29/36

19. UNDERTAKER Harry A. Wright (Address) 4101 Diamond Ave.

20. DATE 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1936 to Oct. 26, 1936

I last saw him alive on Oct. 26, 1936 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic
myocardial insuff.
Cerebral hemorrhage

Date of onset

1930
1934
10/19/36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation P.E. Date of

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Homer U. Dodd M. D.

(Address) 735 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28527

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 70-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 1/2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Florence Hommerbocker(a) Residence: No. 2117 Wilhelm

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) None

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20, 19247. AGE Years 11 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md. (State or country)13. NAME Howard14. BIRTHPLACE (city or town) md. (State or country)15. MAIDEN NAME Mabel Morrissett16. BIRTHPLACE (city or town) md. (State or country)17. INFORMANT Reena (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct. 31, 193619. UNDERTAKER Harry H. White (Address) 2101 Eldonson Ave20. FILED 336

19.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1936 to Oct. 27, 1936I last saw her alive on Oct. 27, 1936 Death is said to have occurred on the date stated above, at 7:40 P. M.

The principal cause of death and related causes of importance were as follows:

Hydro-nephrosis, left Pyelonephritis, Mar. 1930
Exelitis, Chronic bilateral.
Bilateral stricture of Ureters.
Cystitis, Chronic.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray urinary tract & cystoscopy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Chas. S. Stevenson M. D.(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Surynus Falls Hwy)

Length of residence in city or town where death occurred 18 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3205 Surynus Falls Hwy

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza A. Nault

6. DATE OF BIRTH (month, day, year) Oct. 1, 18 58

7. AGE Years 78 Months 0 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical Book Store 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston (State or country) Ontario Canada

13. NAME Robert Nault

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME Jane Morell

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mrs. Eliza A. Nault (Address) 3205 Surynus Falls Hwy

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Oct. 20 36

19. UNDERTAKEN (Address) 10m Michener Road Noyes & P. Sons

20. FILED 21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936 to Oct 28 1936

I last saw him alive on Oct 28 1936 Death is said to have occurred on the date stated above, 645P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C.O.D.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. Hanken M. D.

(Address) 3114 Surynus Falls Hwy

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28529

F 28529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Rutland Ave St. 8-6) Ward

Length of residence in city or town where death occurred 1 1/2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME CHARLES SIPPEL

If U. S. Veteran
specify WAR

(a) Residence: No. 1502 Rutland Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Margaret SippeL
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 18th 1868

7. AGE 68 Years 9 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) Oct 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Charles SippeL

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mary Heckman

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs Margaret SippeL (Address) 1502 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date 10-29-36

19. UNDERTAKER Wendell E. Humphreys (Address) 1613 E. North Ave

20. FILED The City of Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25th 1936

22. I HEREBY CERTIFY. That I attended deceased from October 18, 1936 to October 25, 1936

I last saw him alive on October 25, 1936 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer and Gastro-intestinal hemorrhage.

Date of onset
10-18-36

Other contributory causes of importance:

Aortic Regurgitation

1930

Cirrhosis of Liver

1930

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. H. Singewald M. D.

(Address) 1613 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1936

F 28530

F 28530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-13 St., 9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Ronald Di Carlo

If U. S. Veteran specify WAR _____

(a) Residence: No. 2819 E Chase St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 16, 19367. AGE Years ____ Months 2 Days 12 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Joseph Di Carlo14. BIRTHPLACE (city or town) Baltimore Md (State or country)15. MAIDEN NAME Josephine Gardonia16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT Mother (Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct. 29, 1936

19. UNDERTAKER

Frank Della Rose (Address) 52 N. Morley St.

OCT 29 1936

19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 193622. I HEREBY CERTIFY, That I attended deceased from Oct 17 1936, to Oct 28 1936I last saw him alive on Oct 28 1936. Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

Pertussis
Bronchopneumonia

Date of onset

10-4-3610-17-36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

Signed Francis J. Schwertler M. D.

(Address) _____

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28531

F 28531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH St. Joseph Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Costantino

If U. S. Veteran

specify WAR

(a) Residence: No. 708 E. Biddle St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15 1933

7. AGE 3 Years 4 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Giuseppe Costantino

14. BIRTHPLACE (city or town) Casalvecchio Pugn Italy (State or country)

15. MAIDEN NAME Concettina Rizzo

16. BIRTHPLACE (city or town) ENNA Italy (State or country)

17. INFORMANT Giuseppe Costantino

(Address) 708 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Oct. 30 1936

19. UNDERTAKER Frank Della Croce

(Address) 52 N. Mosley St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Second degree burns of body.

Date of onset

Other contributory causes of importance:

Shock + Exemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 10/22/1936

Where did injury occur? 708 E. Biddle St. Balt. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall into bucket of water

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) Paul Chamber Coroner M. D.

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s s

OCT 29 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28532

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Linden Ave St. 11-4 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Nancy Cooper

(a) Residence: No. 931 Linden Ave St., 11-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1 1861

7. AGE 75 Years Months 1 Days 24 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) M.C.

13. NAME George Summerville

14. BIRTHPLACE (city or town) (State or country) M.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) M.C.

17. INFORMANT Lusie Cooper

(Address) 431 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Annapolis Date Oct. 29 36

19. UNDERTAKER Mrs. Francis A. Hemlock

(Address) 578 W. Biddle St.

20. FILED 28532

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-36

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th 1936 to Oct 20th 1936

I last saw him alive on Oct 20th 1936 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Other contributory causes of importance:

Senility

Was an operation performed? No Date of ✓

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Epm Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Jas C Carper M. D.

(Address) 1433 Madison Ave

F 28533

E 28533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home 2nd Infirmary*
 CITY OF BALTIMORE: (No. *N. Broadway St.* Ward *6-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

BABY GIRL SINCOCK

(a) Residence: No.

23 Kinship, Dundalk

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Oct. 15, 1936*

7. AGE Years Months Days If LESS than 1 day, — hrs. or — min.
11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.*
 (State or country) *Md.*

13. NAME *Harold E. Sincock*
 14. BIRTHPLACE (city or town) *Wilmington*
 (State or country) *Del.*

15. MAIDEN NAME *Edith M. Fadden*
 16. BIRTHPLACE (city or town) *Sparks Pt.*
 (State or country) *Md.*

17. INFORMANT *Harold E. Sincock*
 (Address) *Dundalk Md.*

18. BURIAL, CREMATION, OR REMOVAL

Placed in Heart of Maryland Est. 9. 13

19. UNDERTAKER *John B. Connolly*
 (Address) *2301 N. Broadway*

20. DIED *CT 29 1936*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 26, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 15, 1936* to *Oct. 26, 1936*

I last saw her alive on *Oct. 26, 1936* Death is said to have occurred on the date stated above, at *7:00 P. M.*

The principal cause of death and related causes of importance were as follows:

Spina Bifida

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis *Chloroform* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Wesley J. Ketz

M. D.

(Address)

Church Home & Co.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28534

28534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Shop

CITY OF BALTIMORE: (No.)

St. 16-4 Ward

Length of residence in city or town where death occurred

Life

mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Julius E. Herman

(a) Residence: No.

600 N. Bryce St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify V. R.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

✓

6. DATE OF BIRTH (month, day, year)

May 3 - 1927

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

9

5

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Pneumonia, Meningitis

Date of onset 10-3-36

Other contributory causes of importance:

Low Bone Skull

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of Injury 9-26, 1936

Where and injury occurred (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Julius E. Herman M. D. (Address) 407 N. E. ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28535

28535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2960 Wyman Parkway St. 12-6 Ward 12-6)

Length of residence in city or town where death occurred 27 yrs. -- mo. -- da. How long in U. S. If of foreign birth -- yrs. -- mo. -- da.

2. FULL NAME

George T. Mills

(a) Residence: No. 2960 Wyman Parkway St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

| | |
|--------------------------------------|---------------|
| 5a. If married, widowed, or divorced | |
| HUSBAND of | Agnes Smellie |
| (or) WIFE of | |

6. DATE OF BIRTH (month, day, year) -----

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| About | 77 | ---- | ---- | |

| | | |
|------------|---|-------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Retired Wholesale |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Shoe Merchant |
| | 10. Date deceased last worked at this occupation (month and year) | ----- |
| | 11. Total time (years) spent in this occupation | ---- |

12. BIRTHPLACE (city or town) -----
(State or country) Maryland

13. NAME Not obtainable

14. BIRTHPLACE (city or town) Not obtainable
(State or country) " "

15. MAIDEN NAME Annie E. -----

16. BIRTHPLACE (city or town) -----
(State or country) Maryland17. INFORMANT Mrs. Agnes Mills
(Address) 2960 Wyman Parkway18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 10/30, 193619. UNDERTAKER Henry U. Mears & Co.
(Address) 805 N. Calvert St.

T 29 1936

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to Oct 27, 1936

I last saw him alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Rapid

Other contributory causes of importance:

(Over)

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Hoady M. D.

(Address) 140 3rd Ave

28536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28536

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No.)

St. 18-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Russell H. Boyd

If U.S. Veteran

specify WAR

(a) Residence: No.

873 W. Fayette

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

10-11-36

7. AGE

Years

Months

Days

If LESS than

15 Days 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

(?) Boyd

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Orel R. Herselman

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

J. Herselman

(Address)

873 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place

Univ. of Md

Date

Oct 29 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

29 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10/26 1936

22. I HEREBY CERTIFY, That I attended deceased from

10-27

1936 to

10-26

1936

I last saw him alive on 10-26 1936 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia interstitial
Necrotization

Date of onset

Other contributory causes of importance:

None

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Howard

M. D.

(Address)

University Hospital

F 28537

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Smith(a) Residence: No. 1320 Myrtle Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 25, 19367. AGE Years Months Days If LESS than 1 day, 2 hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Gladys16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Unk. of Md. Date Oct 30 1936

19. UNDERTAKER

(Address)

Rev. H. A. Moore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936, to Oct. 25, 1936I last saw him alive on Oct. 25, 1936 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) W. H. A. Moore M. D.(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21-29 1936

2695

H

28538

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28538

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *9-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Andrew Remmers Remyers*(a) Residence: No. *1617 N. Goy St.*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No. *96*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *Katherine Remmers* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 24-1881*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *54 10 32*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brick Layer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *P.A. Co.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Remmers Remmer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Don't know*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Katherine Remmers* (Address) *1617 N. Goy St.*18. BURIAL, CREMATION, OR REMOVAL Place *Western Ave* Date *Oct 30 1936*19. UNDERTAKER *John Geller* (Address) *800 E. Orleans*20. DATE *29 1936*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 27 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 25 1936* to *Oct 27 1936*I last saw him alive on *Oct 27 1936* Death is said to have occurred on the date stated above, at *7 P. m.*

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion?
Ruptured Aorta

Date of onset

*10/21/36**10/21/36*

Other contributory causes of importance:

Was an operation performed? *No* Date of *-*

For what disease or injury?

What test confirmed diagnosis? *-* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert Singewald* M. D.(Address) *1613 E. North Ave*

F 28539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4206 Sheldon Ave* St., *26* Ward)Length of residence in city or town where death occurred *26* mos. *26* ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *4206 Sheldon Ave* St., *26* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Mary Campbell* (or WIFE of)6. DATE OF BIRTH (month, day, year) *Jan 1 - 1860*7. AGE Year *76* Months *10* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home work*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore County* (State or country) *Md*13. NAME *John Campbell*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Mary Orentake*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Anna M. Benglar* (Address) *4206 Sheldon Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Parkmore Cem Oct 31 1936*19. UNDERTAKER *John G. Ulrich* (Address) *800 S. Calumet St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 28 1936*22. I HEREBY CERTIFY, That I attended deceased from *July 26 1936* to *Oct 28 1936*
I last saw him live on *Oct 27 1936* Death is said to have occurred on the date stated above, *8:45 A* m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis

Date of onset

1928

Other contributory causes of importance

*Coronary Artery Disease**1897*

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Edward J. Koot* M. D.(Address) *4137 Washington*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1 29 1936

Registrar

28540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28540

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. Mellon Ave. 8-3 Ward)Length of residence in city or town where death occurred 65 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? 65 yrs. 6 mos. 13 ds.

2. FULL NAME

(a) Residence: No.

1527 N. Mellon

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Grossman6. DATE OF BIRTH (month, day, year) May 28, 18607. AGE Years 76 Months 5 Days 1 If LESS than 1 day, 1 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 6512. BIRTHPLACE (city or town) St. Louis (State or country) Mo13. NAME Louis Horner14. BIRTHPLACE (city or town) Germany (State or country) Prussia15. MAIDEN NAME Donna Schleid16. BIRTHPLACE (city or town) Prussia (State or country) Germany17. INFORMANT Katherine Schleid (Address) 1527 N. Mellon18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 31, 193619. UNDERTAKER John Cellrich (Address) 2008 Orleans20. FILED 29 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 193622. I HEREBY CERTIFY. That I attended deceased from 1/15/36, 1936 to 10/27/36, 1936I last saw him alive on 10/27/36, 1936. Death is said to have occurred on the date stated above, at 4-0 m.

The principal cause of death and related causes of importance were as follows:

Endocarditis Myocarditis Date of onset 1936
Chronic intestinal neoplasm

Other contributory causes of importance:

Acute Cordis dilatationWas an operation performed? no Date of —For what disease or injury? noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1936Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, no(Signed) J. B. Smith M. D.(Address) 33 S. Conkling

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28541

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2748 N Mosher 6-6 Ward)Length of residence in city or town where death occurred 79 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? 79 yrs. 11 mos. 13 ds.

2. FULL NAME

(a) Residence: No. 2748 N Mosher Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Emma C Hachtel</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Jul 15, 1856</u> | | |
| 7. AGE | Years <u>79</u> | Months <u>11</u> |
| | Days <u>13</u> | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Goods</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> |
| 13. NAME <u>Christian Hachtel</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> |
| 15. MAIDEN NAME <u>Margaret Reister</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> |

| |
|--|
| 17. INFORMANT <u>Margaret Cupero</u> (Address) <u>2748 N Mosher</u> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Westbury</u> Date <u>Oct 31</u> 19 <u>36</u> |
| 19. UNDERTAKER <u>John Ullrich</u> (Address) <u>8005 Orleans</u> |

T 29 1936

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 193622. I HEREBY CERTIFY, That I attended deceased from July 2, 1935 to Oct 28, 1936I last saw him alive on Oct 28, 1936 Death is said to have occurred on the date stated above, 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic gastritis, gastric ulcer

Date of onset

Indef

Other contributory causes of importance:

ArteriosclerosisIndefWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Keller M. D.(Address) 222 W. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28542

F 28542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. 19-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Helen Holmes

If U. S. Veteran

specify WAR _____

(a) Residence: No. 326 - N. Mount St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |

6. DATE OF BIRTH (month, day, year) Aug. 23, 1935

| | | | | |
|--------|----------|----------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>1</u> | <u>2</u> | <u>5</u> | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME Alonso Holmes14. BIRTHPLACE (city or town) Baltimore
(State or country) md.15. MAIDEN NAME Ella Brown16. BIRTHPLACE (city or town) Baltimore
(State or country) md.17. INFORMANT Ella Brown
(Address) 326 N. Mount St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 30, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.20. FILD 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936 to Oct. 26, 1936I last saw HER alive on Oct. 28, 1936 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Branchopneumonia

Date of onset

10/23

Other contributory causes of importance:

Bilateral Pulmonary Edema10/17Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Sidney Selman M. D.

(Address) _____

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28543 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 12 West Henrietta Street St., ____ Ward, ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>MALE</u> | 4. Color or Race <u>BLACK</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 27, 1936

| | | | | |
|--------|-------|--------|------|------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, 7 hrs. or min. |
| | | | | <u>7</u> |

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country) University Hospital13. NAME Joseph Mosely Ford14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Elizabeth Louise Small16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Elizabeth Mosely Ford
(Address) 12 West Henrietta Street

18. BURIAL, CREMATION, OR REMOVAL

Place Chapel Hill Date Oct 29, 1936

19. UNDERTAKER

(Address)

Commissioner of HealthThos. R. A. Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 193622. I HEREBY CERTIFY, That I attended deceased from 6:30 AM Oct 27 1936, to 1 PM Oct 27 1936I last saw him alive on October 27, 1936. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

INTRACRANIAL Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation NONE Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph B. McElroy M. D.(Address) 12 West Henrietta Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 29 1936

2690

F 28544 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 27-17 Ward)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

(a) Residence: No. 2706 Belvedere Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-27-36

7. AGE Years Months Days If LESS than 1 day. 5 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beth. Ind.

13. NAME Lee Mone

14. BIRTHPLACE (city or town) (State or country) Arkansas

15. MAIDEN NAME Cornelius Word

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Mrs. Mone
(Address) 2706 Belvedere

18. BURIAL, CREMATION, OR REMOVAL
Place Union of Md. Date Oct 29 1936

19. UNDERTAKER
(Address) Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-36

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1936 to 10-27 1936

I last saw h alive on 10-27 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
(5 1/2 - 6 months)
(atalectasis)

Other contributory causes of importance:

Date of onset

Name of operation Date of.....

What test confirmed diagnosis clinical Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Buller M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 29 1936

F 28545

F 28545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5243 Nelson Ave* Ward) *17-18*Registered No. *94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Josephine T. Gost*If U.S. born, specify year *1877*(a) Residence: No. *5243 Nelson Ave* St.,

Ward.

(Usual place of abode) *Life*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *HUSBAND of* *Charles Y. Gost* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 30-1877*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *58 10 28*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0031* 10. Date deceased last worked at this occupation (month and year) *Oct 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Anthony A. Ammann*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN *Marion Seymour*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Charles Y. Gost*(Address) *5243 Nelson Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *New (buried)* Date *Oct 31, 1936*19. UNDERTAKER *William Cook*(Address) *1217 S. Park St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 28, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept* 1936, to *Oct 28, 1936*I last saw her alive on *Oct 27, 1936* Death is said to have occurred on the date stated above, at *1 A.M.*

The principal cause of death and related causes of importance were as follows:

*Coronary occlusion*Date of onset *10-27-36*

Other contributory causes of importance:

*Myocardial infarction*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *clinical symptoms* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

Signed) *C. B. Emsor*

M. D.

(Address) *4936 PARK HIGTS AVE*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1936

Registrar

28546

F 28546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University HospitalCITY OF BALTIMORE: (No. Green & Redwood Street Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Weeks(a) Residence: No. Indian Head, Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Catherine Weeks
(or) WIFE of6. DATE OF BIRTH (month, day, year) D.K.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Lawrence Weeks14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Mary Plicher16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Catherine Weeks
(Address) Indian Head, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Marbury, Md Date Oct. 30 193619. UNDERTAKER Wentt & Ryan
(Address) Waldorf, Md.

20. FILED

T 29 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/36 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tetanus

Date of onset

10/26

Other contributory causes of importance:

Lacerated left hand10/17Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 10/17 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Presumably in highwayManner of injury There was no auto accident.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify no
(Signature) Thula Bailey Auto M. D.
Coroner(Address) 407 N. Charles

(Over)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28547

F 28547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ward* *20-2* St., *45* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *M. Wilhelm T. Alcher*(a) Residence: No. *2631* *Edmondson Ave* St., *45* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If ~~widowed~~ widowed, or ~~divorced~~ divorced, give name of HUSBAND of (or) WIFE of *Ida O*6. DATE OF BIRTH (month, day, year) *July 30, 1865*7. AGE Years *75* Months *2* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General*
10. Date deceased last worked at this occupation (month and year) *July 1915* 11. Total time (years) spent in this occupation *47 yrs*12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Edison Abbott*
(Address) *2631 Edmondson Ave*18. BURIAL, CREMATION, OR REMOVAL *Drilldown* Date *Oct 31, 1936*19. UNDERTAKER *Ger. H. Pate*
(Address) *2700 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-29-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *9-21-36*, 19, to *10-29-36*, 19I last saw him alive on *10-29-36*, 19. Death is said to have occurred on the date stated above, at *4:20 A.M.*

The principal cause of death and related causes of importance were as follows:

*Acute Congestive Heart Failure*Date of onset
10-21-36

Other contributory causes of importance:

*Hypertension & Atherosclerosis*Name of operation *1st & 2nd Myocardiotomies* Date of *9-29-36*What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Milton Lenn*(Address) *W B 7*

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T. 29 1936

28548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *19-3* Ward)Length of residence in city or town where death occurred *63* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1322 W. Lexington* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 3, 1869*7. AGE Years *67* Months *8* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book Keeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *N. Y.*13. NAME *Henry A. F. Weber*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Elizabeth Elger*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. John H. Baudel*
(Address) *Elliot City - Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *10/31*19. UNDERTAKER *Geo. W. Little*
(Address) *2100 Edmondson ave*20. FILED *10-10-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/28/* 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* Coroner(Address) *1919 E. North ave*

M. D.

Exact statement of Cause of Death in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 28549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. *76-12*)

Length of residence in city or town where death occurred 1883 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Andrew Martin*

Registered No. *107-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. *None*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ella Martin*

6. DATE OF BIRTH (month, day, year) *1-16-1960*

7. AGE *76* Years Months Days *9* If LESS than 1 day, hrs. or min. *12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Pa.*

13. NAME *Andrew H.*

14. BIRTHPLACE (city or town) (State or country) *Pa.*

15. MAIDEN NAME *Annie Brenheiser*

16. BIRTHPLACE (city or town) (State or country) *Pa.*

17. INFORMANT *B. C. H. Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Cremation* Place *Harold's Park* Date *Oct 30, 1936*

19. UNDERTAKER *John C. Miller* (Address) *1335 E. Charles St.*

20. FILED *10-29-36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-9* 1933 to *10-28* 1936

I last saw h.i.m. alive on *10-28* 1936. Death is said to have occurred on the date stated above, at *5:15 P.m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) Date of onset *10-27-36*

Other contributory causes of importance:

Gastro-enteritis acute (non-specific) *10-14-36*

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *John F. Rainey* M. D.

(Address) *Baltimore City Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 29 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Carsonville St., 9-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1645 Carsonville St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17 - 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethesda

13. NAME Donald C. Storms

14. BIRTHPLACE (city or town) (State or country) Bethesda

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Bethesda

17. INFORMANT Donald Storms (Address) 1645 Carsonville

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Ch Date Oct 31, 36

19. UNDERTAKER C. Miller (Address) 2934 Jefferson St

20. DATE 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 17 to Oct 24 1936

I last saw him alive on Oct 24 1936 Death is said to have occurred on the date stated above, at 1307 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Stenosis Date of onset 12 days

Other contributory causes of importance: Circulatory Failure 1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward J. Dore M. D. (Address) 4137 Washington

F 28551 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28551

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-12 N. Wolfe St. St. 8-6 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME WILLIAM THOMAS WILLS SR.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 15-12 N. Wolfe St. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Emma M. Brady (or WIFE of _____)

6. DATE OF BIRTH (month, day, year) Sept 1st 1880

7. AGE Years 5-6 Months 1 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery
10. Date deceased last worked at this occupation (month and year) 10-26-36 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) Philadelphia (State or country) _____

13. NAME William T. Wills

14. BIRTHPLACE (city or town) Baltimore (State or country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT Mrs Emma M. Wills (Address) 15-12 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date 10-30-36

19. UNDERTAKER Mendell E. Humphreys (Address) 15-1 N. Broadway

20. FILED _____ 19- _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-36 19

22. I HEREBY CERTIFY, That deceased deceased from October 27, 1936

I last saw her alive on October 27, 1936 Death is said to have occurred on the date stated above, at 7:24 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza and White Pneumonia

Date of onset

10/24/36

Other contributory causes of importance:

Lobar Pneumonia and Cadaver Dissection

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation Physical Examination Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Albert C. Cusack M. D.
2025 E North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28552

F 28552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dodson (7403)(a) Residence: No. 9 S. Stricker St.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Roy Dodson (Dead)
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 19, 19137. AGE Years 23 Months 5 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Lawrence Bankey14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Sarah Wright16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Va. Date Oct. 31, 193619. UNDERTAKER Sarah H. Lewis, Inc.
(Address) 1439 E. Balto. St.20. FILED 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-3622. I HEREBY CERTIFY. That I attended deceased from June 6, 1935 to October 28, 1936. I last saw her alive on October 28, 1936. Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset
Feb. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leon H. Feldman

M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1936

28553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Paca St. St. 22-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Justina Budrus

(a) Residence: No. 526 S. Paca St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Budrus

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania (State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Lithuania (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Lithuania (State or country)

17. INFORMANT Mrs. Anna Seidel (Address) 526 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Oct. 31-1936

19. UNDERTAKER John Grebliaucke (Address) 526 S. Paca St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry therein and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

28554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28554

CERTIFICATE OF DEATH

V13-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Marie Agnes Rew

If U.S. Veteran

specify WAR

(a) Residence: No. 2262 Woodbury Ave

(Usual place of abode)

St., 13-8 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27/357. AGE Years 4 Months 1 Days 1 If LESS than 1 day, 1 hrs. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.13. NAME James H. Rew14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Margaret Brady16. BIRTHPLACE (city or town) (State or country) Balto City17. INFORMANT James H. Rew (Address) 2262 Woodbury Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Quaker Ridge Cemetery Date Oct 30 193619. UNDERTAKER (Address) John Swenson Br 1127 E. Baltimore St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Oct 28, 1936I last saw her alive on Oct 28, 1936 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia (non-specific), dehydration and acidosis

Date of onset

Other contributory causes of importance:

Pneumonia

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

NO If so, state _____(Signed) John Robinson(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28555

CERTIFICATE OF DEATH

✓ 47B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 S. Wolfe St. Ward 2-1)Length of residence in city or town where death occurred, 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 243 S. Wolfe St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Julia Zebrowski</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>1877</u> | | |
| 7. AGE <u>59</u> | Years — | Months — |
| | Days — | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Longshorman</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0074</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|--|
| 12. BIRTHPLACE (city or town) (State or country) <u>Poland</u> |
| 13. NAME <u>John Zebrowski</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Poland</u> |
| 15. MAIDEN NAME <u>Mozalewski</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>Poland</u> |
| 17. INFORMANT <u>Julia Zebrowski</u> (Address) <u>243 S. Wolfe St.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Rosary</u> Date <u>Nov 2</u> 19 <u>36</u> |

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|--|
| 19. UNDERTAKER <u>Edw. W. Czajkowski</u> (Address) <u>1930 Eastern Ave.</u> |
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|------------------------------------|
| 20. FILED <u>1936</u> Registrar |
|------------------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1936, to Oct. 26, 1936I last saw him alive on Oct. 26, 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left lung

Date of onset

March 1936

Other contributory causes of importance:

Myocarditis2 min.Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? XRg Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Marie Abraham M. D.(Address) 1205-7 E. Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F28556
HEALTH DEPARTMENT—CITY OF BALTIMORE

F28556

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 10-2 Ward)Length of residence in city or town where death occurred 25 Years. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Frances Trapani(a) Residence: No. 1213 E. Madison Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married5a. If married, widowed, or divorced HUSBAND of Vincent Trapani
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 3rd, 18787. AGE Years 58 Months 8 Days 25 If LESS than 1 or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60 3/412. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Anthony Aversa14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Rose (Unknown)16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Anthony J. Trapani (Husband)
(Address) 1213 E. Madison Street18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Nov. 2nd, 193619. UNDERTAKER George Ruth, Inc.
(Address) 1735 Barford Avenue20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28th, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Other contributory causes of importance:

Diabetic Coma - Cardiac FailureWas an operation performed? No Date of For what disease or injury? Name of operation Date of What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Paul Schubert M. D.
(Address) 1919 E. North Ave. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28557

F 28557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 William St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Winters

If U. S. Veteran

specify WAR

(a) Residence: No. 809 William

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina M.M. Winters

c. DATE OF BIRTH (month, day, year) June 29, 1877

7. AGE Years 59 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.D. Duvall

10. Date deceased last worked at this occupation (month and year) Oct. 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Frederick C. Winters

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary C. Aymold

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Wilhelmina M.M. Winters (Address) 809 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 31, 1936

19. UNDERTAKER John F. Denny (Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/15/36, 19, to 10/28/36, 19

I last saw him alive on 10/28/36, 11:30 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Abdominal malignancy - probably large Bowel one year

Other contributory causes of importance:

Broncho pneumonia (Terminal) 10/25/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Isaac Miller M. D.

(Address) 1225 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10-1936

F 28558 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 West Mulberry St. 4-2 Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 715 West Mulberry St. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|-----------------------------|--|
| 3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|-----------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------------|-------|--------|------|----------------------------------|
| 7. AGE 62 | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------------|-------|--------|------|----------------------------------|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town, State or country)
Arlenis, Va.13. NAME
Tom Brown14. BIRTHPLACE (city or town, State or country)
Not known15. MAIDEN NAME
Lettie Campbell16. BIRTHPLACE (city or town, State or country)
Smithfield, Va.17. INFORMANT
Mable Jackson
(Address) 715 W Mulberry St18. BURIAL, CREMATION, OR REMOVAL
Place Jackson Bur Va Date Nov 1, 193419. UNDERTAKER
William A Jackson
(Address) 715 W Mulberry St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 16, 1936 to Oct 28, 1936

I last saw him alive on Oct 28, 1936 Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Hypertension

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank C. Cunningham M.D.
(Address) 627 E. ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28559

✓ F 28559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Chase St., 7-4 Ward)Length of residence in city or town where death occurred 63 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1913 E. Chase St., 7-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Married (or) WIFE of Ferdinand Weiss6. DATE OF BIRTH (month, day, year) Dec 18 18687. AGE Years 77 Months 10 Days 9 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adm. asst.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adm. asst.10. Date deceased last worked at this occupation (month and year) Oct 30 1936 11. Total time (years) spent in this occupation 1412. BIRTHPLACE (city or town) Germany (State or country)13. NAME Michael Reclam Reclam14. BIRTHPLACE (city or town) Ger. (State or country)15. MAIDEN NAME Eva16. BIRTHPLACE (city or town) Ger. (State or country)17. INFORMANT Mrs. Katherine Hoffman (Address) 1913 E. Chase St.18. BURIAL, CREMATION, OR REMOVAL Place Salto. Cem. Date Oct 30 193619. UNDERTAKER Philip Haring (Address) 210 Calverton St.20. REGISTRAR Thurston Williams (Address) 4137 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 27 1936 1922. I HEREBY CERTIFY. That I attended deceased from June 1 1936 to OCT 27 1936 19I last saw him alive on Oct 26 1936 Death is said to have occurred on the date stated above. 11:57 m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Data of onset

14

Other contributory causes of importance:

Coronary Arteriosclerosis16Was an operation performed? No Date of 1936For what disease or injury? Coronary ArteriosclerosisName of operation No Date of 1936What test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1936Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Scott M. D.(Address) 4137 Washington

OCT 30 1936

Registrar

state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28560

F 28560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5408 Hamlet Ave. 27-6 St., Ward)

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Murphy

(a) Residence: No. 5408 Hamlet Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Murphy

6. DATE OF BIRTH (month, day, year) 4-17-1866

7. AGE Years 70 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Richard Pendergast

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Ann Murphy

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Matthew H. H. (Address) 5408 Hamlet Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 10/31/36

19. UNDERTAKER Mary M. Medley

(Address) 1218 E. 2nd St.

20. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1936, to Oct. 29, 1936

I last saw her alive on October 28, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis with Multiple Embolism

Date of onset

Oct. 21-36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? 10

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. D. Hayden M. D.

(Address) 1216 N. Caroline St. Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

753

30 1936

F 28561

F 28561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *545 Robert* St., *14-3* Ward)Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? *4* yrs. *4* mos. *4* ds.

2. FULL NAME

(a) Residence: No. *545 Robert* St., *14-3* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *11*6. DATE OF BIRTH (month, day, year) *May 7, 1936*7. AGE Years *5* Months *21* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Boykins, Va.*13. NAME *Samuel H. Whitehead*14. BIRTHPLACE (city or town) (State or country) *Capron, Va.*15. MAIDEN NAME *Mary Ann*16. BIRTHPLACE (city or town) (State or country) *Boykins, Va.*17. INFORMANT *Mary Whitehead*(Address) *545 Robert*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Luke's*Date *30/5/36*19. UNDERTAKER *Thomas F. Kellogg*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 29, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *11* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *11* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangled to death

Date of onset

Other contributory causes of importance:

*Vomiting*Was an operation performed? *1* Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Violence* Date of injury *10/29/36*Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Strangled while taking*Nature of injury *dissection of neck*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. Ham*(Address) *1215 N. Howard*

M. D.

Coroner

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1936

28562

1268-9

F 28562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *578 Baker* St. *14-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maria Rosamary Walder

If U. S. Veteran

specify WAR

(a) Residence: No.

578 Baker

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 17 1936*7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. *12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Matthew Walder*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Carrington Sharp*16. BIRTHPLACE (city or town) (State or country) *Northampton Pa*17. INFORMANT *Carrington Walder*(Address) *578 Baker St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Aubert*Date *10/30/36*

19

19. UNDERTAKER *Thomas E. Nelson*(Address) *1303 E. Pratt St.*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 29*, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

death on the day stated *found 7-8 am.*

The principal cause of death and related causes of importance were as follows:

Voluntary Asphyxiation

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *O. N. N.*(Address) *1215 N. Howard*

Coroner

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s s

F 28563

✓ F 28563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4663 Falls Rd St. 27-14 Ward)Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4663 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Harrisc. DATE OF BIRTH (month, day, year) May 27 - 18637. AGE Years 73 Months 5 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown12. BIRTHPLACE (city or town) Raleigh N.C. (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Raleigh N.C. (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Raleigh N.C. (State or country)17. INFORMANT Columbus Harris (Address) 4663 Falls Rd.18. BURIAL, CREMATION, OR REMOVAL Place Wt. Auburn Date 10/31 19 3619. UNDERTAKER Thomas E. Kelson (Address) 1503 Bessington St20. FILED 1936 19 8 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-193622. I HEREBY CERTIFY, That I attended deceased from 10-29, 1936, to 10-29, 1936.I last saw him alive on 10-28, 1936. Death is said to have occurred on the date stated above, at unknown m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

unknown

Other contributory causes of importance:

ArteriosclerosisunknownWas an operation performed? no Date of

For what disease or injury?

Name of operation none Date ofWhat test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Frank Saunders M. D.(Address) 1024 N. Stuyvesant St

State CAUSE OF DEATH in plain terms, so that it may be properly certified. See instructions on back of certificate. OCCUPATION is very important.

v s 3

OCT 30 1936

28564

F 28564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 Franklinton St. 70-2 Ward)

Length of residence in city or town where death occurred 5-8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 248 N. Franklinton St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cannon

6. DATE OF BIRTH (month, day, year) Oct 10-18-1878

7. AGE Years 38 Months 0 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William Fort Haller

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Ella Flemming

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Charles Cannon (Address) 248 N. Franklinton St. Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Oct 30, 1936

19. UNDERTAKER Charles P. Towell (Address) 2421 Edmond St. Wash.

20. FILED 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis following acute Gastro-Enteric inflammation

Other contributory causes of importance: Chronic Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmond St. Wash.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 30 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28565

23 F 28565

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 E Randall St. 24 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 201 E. Randall St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lena C. Mitchell
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 31 - 19117. AGE Years _____ Months _____ Days 21 If LESS than
1 day, _____ hrs. _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. State Legislator
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. man 1086
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME John Webster
2nd14. BIRTHPLACE (city or town) _____
(State or country)15. MAIDEN NAME Minnie Shipley
Mrs.16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT Mrs. John Webster
(Address) 201 E Randall18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/31/3619. UNDERTAKER John W. Taylor & Sons
(Address) 1318 North 10th20. FILED 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 193622. I HEREBY CERTIFY, That I attended deceased from
June 1, 1936 to Oct 28, 1936I last saw him alive on Oct 28, 1936 death is said
to have occurred on the date stated above, at 2:48 p m.The principal cause of death and related causes of
importance were as follows:Pulmonary Tuberculosis 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? No23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify _____(Signed) Sidney H. Streett, M. D.(Address) 421 E. Fort Avestate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

F 28566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28566

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Conington St. 24-4 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1631 Conington St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4 Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10/2/18727. AGE Years 64 Months 11 Days 8 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Laundry
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Barthley M. Manuel14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Catherine Heahey16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Miss Ella Whalen
(Address) 1631 Conington18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/31 19 3619. UNDERTAKER John J. Faherty & Sons
(Address) 11318 Light St.20. FILED 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 193622. I HEREBY CERTIFY, That I attended deceased from
April 5, 1936, to Oct. 28, 1936I last saw him alive on Oct. 28, 1936 death is said
to have occurred on the date stated above, at 4:15 P. m.The principal cause of death and related causes of
importance were as follows:Diabetes Mellitus
and Chronic Nephritis
(Indefinite)

Other contributory causes of importance:

Diabetic Coma 10/27/36Name of operation None Date of _____What test confirmed diagnosis Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place, _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify _____(Signed) R. S. Campbell M. D.
10/29/36 (Address) 1644 Hanover Ststate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

F 28567

28567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 6-3* St. *life* Ward)Length of residence in city or town where death occurred *life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *222 N. Montford Ave.* Ward. *6-3*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of *Minnie A.* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1864*7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Fruit Canning Factory*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *46*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Unknown* 14. BIRTHPLACE (city or town) (State or country)15. MAIDEN NAME *Elizabeth Armstrong* 16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*17. INFORMANT *Ada E. Waddy* (Address) *231 N. Carey St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mount Zion* Date *Oct 31st* 19*36*19. UNDERTAKER *Joseph A. Lively* (Address) *49 North Mount Street*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 28, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy, Inquiry) obtained by said *inquest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho pneumonia (Pneumonia)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *N. V. Wright* M. D.(Address) *1010 S. Eldwood Ave.*

State CAUSE OF DEATH in plain terms so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

F 28568

F 28568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital - 1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Bohn Louis Shank*(a) Residence: No. *1112 Potomac St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 3 - 36*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *St. Joseph's Hospital* Date *Oct 30* 19 *36*

19. UNDERTAKER (Address)

20. FILED

19

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 28* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 21* 19 *36* to *Oct 28* 19 *36*I last saw him alive on *Oct 28* 19 *36*. Death is said to have occurred on the date stated above, at *9³⁰* a.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea

Date of onset

1 week

Other contributory causes of importance:

*Mononucleosis**2 days*Was an operation performed? *no* Date of: *—*For what disease or injury? *—*What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no if so, specify

(Signed)

(Address)

M. D.

H. Austram
St. Joseph's Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

T 30 1936

OCT 30

MTH

F 28569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-7 Ward)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Lena White

Registered No. 16219

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 1761 Montpelier St. St. 9-7 Ward.

(Usual place of abode)

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 7-7-1897

7. AGE Years 39 Months 3 Days 21 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.

(State or country)

13. NAME Aaron Jackson

14. BIRTHPLACE (city or town) Va.

(State or country)

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) Va.

(State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place buried Date Oct. 30 1936

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1935 to 10-28 1936

I last saw him alive on 10-28 1936 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 10-28

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Walter H. Moore
Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Commissioner of Health

Registrar

12701

F 28570

F 28570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6718 Bessemer St., 26-6 Ward)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 4 yrs. 1 mos. 1 da.

2. FULL NAME

Agatha H. Schaeck

If U. S. Veteran

specify WAR

(a) Residence: No. 6718 Bessemer St., 26-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of John D. Schaeck (or) WIFE of6. DATE OF BIRTH (month, day, year) July 6 - 18727. AGE Years 64 Months 3 Days 22 If LESS than 1 day, 2 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6077 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Valentine Kreis14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Agatha Kreis16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Helen Peters (Address) 6718 Bessemer18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Oct 31 193619. UNDERTAKER Silly & Feiler (Address) 225 S. Wolfe St.20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 193622. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to Oct 28 1936I last saw her alive on Oct 28 1936. Death is said to have occurred on the date stated above, at 4:06 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal Dis.
hypertension
diabetes mellitus

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

10/20/36

Was an operation performed? — Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) — M. D.(Address) —

OCCUPATION is very important. See instructions on back of certificate.

28571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28571
5451

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 36-11

St. Ward

Length of residence in city or town where death occurred yrs. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Bush (Minnie C. Busch)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 412 S. Highland Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-14-1893

7. AGE 43 Years Months Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Anthony Bush

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Justina Dietz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov 2 1936

19. UNDERTAKER Jilly & Ziehl (Address) 405 E. 11th St. Baltimore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21-1936 to 10-29-1936

I last saw her alive on 10-29-1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 1 wk.

Other contributory causes of importance:

Cerebral Hemorrhage (Old)

Time

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John F. Kearney

M. D.

(Address)

Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

28572

F 28572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 Montpelier St. Ward 7)Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Katherine Schneider

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1745 Montpelier St. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of George Schneider (or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 9, 18617. AGE 75 Years 4 Months 21 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pa (State or country)13. NAME Henry Mc Gee14. BIRTHPLACE (city or town) unknown (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown (State or country)17. INFORMANT George Schneider (Address) 1745 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Home by Lutheran bur. Date Nov 2, 193619. UNDERTAKER Chenoweth & Son (Address) 3615 17th Street Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931, to Oct 30, 1936I last saw her alive on Oct 29, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation
Pulmonary Edema

Date of onset

10/29/36

Other contributory causes of importance:

Endocarditis
Chronic Rheumatism5 yrs.

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank H. Maslin

M. D.

(Address) 4037 Falls Road

100 1936

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 28573

28573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St., 34th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Shirley Bernice Bensinger

(a) Residence: No. 1203 Durost

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Infant

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 5th 1936

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

6

24

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME

George W. Bensinger

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Mary L. Clark

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

George W. Bensinger

(Address)

1203 Durost St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Church Date Oct 30th 1936

19. UNDERTAKER

Leo G. Hook

(Address)

1703 N. Park Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 19, 1936, to Oct 29, 1936

I last saw her alive on Oct 29, 1936

Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Diarrhea (non-specific)

Date of onset

9/17/36

Other contributory causes of importance:

Bronchial pneumonia

9/25/36

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Edward J. Log

M. D.

(Address) Union Memorial Hosp

30 1936

Huntington Williams, Jr.

F 28574

F 28574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 17025B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Alice McHenryIf U.S. Veteran
specify WAR _____(a) Residence: No. 621 N. Fremont Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Louis McHenry</u> (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>2-22-1887</u> | | |
| 7. AGE Years <u>49</u> Months <u>8</u> Days <u>7</u> | If LESS than 1 day, _____ hrs. or _____ min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | 11. Total time (years) spent in this occupation <u>0037</u> | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) <u>Chas. Co., Md.</u> |
| 13. NAME <u>George Williams</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Md.</u> |
| 15. MAIDEN NAME <u>Julia</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>Md.</u> |

| |
|--|
| 17. INFORMANT <u>Hospital Records</u> (Address) _____ |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Arboretum</u> Date <u>Oct 31, 1936</u> |
| 19. UNDERTAKER <u>Oliver O. Wilson</u> (Address) <u>10001 Brantley</u> |

FILED 10-36 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24 1936

22. I HEREBY CERTIFY. That I attended deceased from 9-14 1936 to 10-29 1936

I last saw her alive on 10-29 1936 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease
with Coronary ThrombosisDate of onset
Some mos.
duration

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Kamey M. D.(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 28575

F 28575 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 E. Fayette St., 6-1 Ward)Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No. 3106 E. Fayette St., 6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed5a. If married, widowed, or divorced HUSBAND of Louisa M. Trainor (or) WIFE of6. DATE OF BIRTH (month, day, year) Apr. 6-18787. AGE Years 58 Months 6 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Polisher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holmes Co.10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) city (State or country)13. NAME James Trainor14. BIRTHPLACE (city or town) city (State or country)15. MAIDEN NAME Mary Cassidy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Lambert (Address) 3106 E. Fayette St.18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct. 31st 193619. UNDERTAKER John A. Morgan (Address) 3000 E. Balt St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/193622. I HEREBY CERTIFY That I attended deceased from October 6, 1936 to October 19, 1936I last saw him alive on Oct 29, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset sudden

Other contributory causes of importance:

Lung & Pleurisy Date of onset 1936Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) M. P. Wazzy M. D.(Address) 2604 E. Balt St

OCCUPATION is very important. See instructions on back of certificate.

28576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28576

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp 11-3 Ward)

Length of residence in city or town where death occurred yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth 34 yrs. 11 mos. 6 ds.

2. FULL NAME

Mr. A. W. Montgomery

(a) Residence: No. 220 Bosley Ave

(Usual place of abode)

Towson, Md.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

NONE

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. A. W. Montgomery

6. DATE OF BIRTH (month, day, year)

Nov-24-1896

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

39

11

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Lincoln Motor Freight Co/Sec

10. Date deceased last worked at this occupation (month and year)

Dec/23/36

11. Total time (years) spent in this occupation

5 yrs.

12. BIRTHPLACE (city or town) (State or country)

Michigan

FATHER

13. NAME

Mr. John Quigley

14. BIRTHPLACE (city or town) (State or country)

New York

MOTHER

15. MAIDEN NAME

Bertha Wesley

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Mrs. Minnie May Montgomery (wife)
220 Bosley Ave Towson

18. BURIAL, CREMATION, OR REMOVAL

Place

Dist. Mich.

Date

Dec/30/36

19. UNDERTAKER

(Address)

Steward Mortuary Company
208 W. Main St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1936 to Oct. 30, 1936

I last saw him alive on Oct. 29, 1936 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza Broncho-pneumonia

Date of onset

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Jerome Feldman

M. D.

(Address)

Maryland Gen'l Hosp.

20. FILED

1936

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

F 28577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Bradford St., 6-3 Ward)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 57 yrs. 1 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 412 N. Bradford St., 6-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Mary Korench</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Dec 8 / 1863</u> | | |
| 7. AGE | Years <u>72</u> | Months <u>10</u> |
| | Days <u>22</u> | LESS than 1 day. hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0080</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)
Bohemia

13. NAME
Vaclav Korench

14. BIRTHPLACE (city or town) (State or country)
Bohemia

15. MAIDEN NAME
Ant. Kromer

16. BIRTHPLACE (city or town) (State or country)
Bohemia

17. INFORMANT
Mary Korench
(Address) 412 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 2, 1936

19. UNDERTAKER
Frank Couch & Son
(Address) 1906 Ashland Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1936

I HEREBY CERTIFY, That I attended deceased from Oct 20 to Oct 20 1936
I last saw him alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
(Chronic)
General Atherosclerosis
Other contributory causes of importance:

aortic atherosclerosis
Was an operation performed? No Date of 10/20/36

For what disease or injury? find if

What test confirmed diagnosis? find if Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank Couch & Son M. D.

10/20/36

OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1936

18982
F 28578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28578

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Chance(a) Residence: No. CheslerMd

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of John
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

8-18-73

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.63?2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation00312. BIRTHPLACE (city or town)
(State or country)Md

FATHER

13. NAME

Isaac Johnson14. BIRTHPLACE (city or town)
(State or country)Md

MOTHER

15. MAIDEN NAME

Julia King16. BIRTHPLACE (city or town)
(State or country)Md

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

J. H. Woodhouse

Date

Oct. 30

19

19. UNDERTAKER

(Address)

Commissioner of HealthPer H. A. Moore

20. FILED

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 28, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Sept 23, 1936 to Oct 21, 1936I last saw him alive on Oct-21, 1936 Death is said
to have occurred on the date stated above, at 1 p m.The principal cause of death and related causes of
importance were as follows:Toxic nodular thyroid &
pressure symptoms. Double
partial thyroidectomy

Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed?

yesDate of Oct 20th

For what disease or injury?

Nodular goiter &
pressure symptomsWhat test confirmed diagnosis? BMR Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Barker Woodhouse

M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

2704 H

28579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28579

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. 39th St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs 25 mos. 29 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George Alderson Foos

If U. S. Veteran

specify WAR

(a) Residence: No. 222 E. 39th St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Fanny Wilkinson (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1872

7. AGE Years 64 Months 5 Days 29 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0042

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Foos

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary Spafford

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Fanny W. Foos (Address) 222 E. 39th Street

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Date 10/31 1936

19. UNDERTAKER Henry W. Mears (Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2:15 AM Oct. 29 1936 to 2:30 AM Oct. 29 1936

I last saw him alive on Oct. 29 1936 Death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Oct. 29/36

Other contributory causes of importance:

Arterio-sclerosis

?

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Edgar P. Sandrock

M. D.

(Address) 161 W. Read St.

OCCUPATION is very important. See instructions on back of certificate.

FILED 1936

F 28580 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28580

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - 2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Unknown

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Nebraska

13. NAME George E. Dunn

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Donahue

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss R. C.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Garfield Heart Date 10/31 1936

19. UNDERTAKER J. J. Trahey & Sons
(Address) 1818 Light St.

20. FILED 1936 10/31 1818 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1936 to Oct 26 1936

I last saw him alive on Oct 26 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Solar pneumonia

Date of onset 10/22/36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Francis S. Buckley M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 28581

F 28581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Ramsey St. 21-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME Joseph Thomas UhlerIf U.S. Veteran
specify WAR ✓(a) Residence: No. 914 Ramsey St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or WIFE of) Violet Uhler6. DATE OF BIRTH (month, day, year) Dec. 11-19027. AGE Years 33 Months 10 Days 17 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000910. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Anthony Uhler14. BIRTHPLACE (city or town) Germany
(State or country) Germany15. MAIDEN NAME Margaret Craven16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mr. Nellie H. Presler
(Address) 117 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Oct. 31, 193619. UNDERTAKER F. B. Shippert & Son
(Address) 1300 E. Mount Place20. FILED 1936 Registrar W. H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 - 193622. I HEREBY CERTIFY. That I attended deceased from Sept 1, 1936, to Oct 28, 1936I last saw him alive on Oct 28, 1936 Death is said to have occurred on the date stated above, at 1:30 A. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis.

Date of onset

2 yrs

Other contributory causes of importance:

Acute Myocarditis.1 moWas an operation performed? no Date of ____For what disease or injury? noneWhat test confirmed diagnosis? Rept Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

W. H. H. H. M. D.
888 N. Lombard St.

F 28582

F 28582 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 24-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Patterson.

If U. S. Veteran specify WAR.

(a) Residence: No 106 Symington Ave. Catonsville Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

3a. If married, ~~XXXXXXXXXX~~
HUSBAND of
~~XXXXXXXXXX~~

Frances Patterson

6. DATE OF BIRTH (month, day, year) May 16, 1872

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 64 | 68 | 5 | 12 | |

| | | |
|------------|---|----------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Electrician |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | W. Md. R.R. Elevator |
| | 10. Date deceased last worked at this occupation (month and year) | 10/28/36 |

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) West Virginia
(State or country)

13. NAME J. Franklin Patterson.

14. BIRTHPLACE (city or town) West Virginia
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Watterson Patterson. (son)
(Address) Sulphur Spring Rd. Halethorpe.18. BURIAL, CREMATION, OR REMOVAL
Place Sandown Park Date Nov. 2, 193619. UNDERTAKER Eastons Sons
(Address) E. Carroll City Md.

20. FILMD.

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1936

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1st & 2nd degree burns of the body. Due to blowing of a fuse.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident of injury 10/27/36

Where did injury occur? W. Md. R.R. Elevator
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Grain Elevator Baltimore, Md

Manner of injury Blowing of electric fuse.

Nature of injury Burns of the body.

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, certify

(Signed) Otto H. Reinhardt M. D.

10/29/36 (Address) 1017 S. Charles St.

See instructions on back of certificate. OCCUPATION is very important.

28583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28583

CERTIFICATE OF DEATH

122-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3* St. *11-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *11-3* St. *11-3* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *William Stenett* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 10 1863*7. AGE Years *73* Months *2* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*10. Date deceased last worked at this occupation (month and year) *Oct 1836* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Colona* (State or country) *Cal. Cal. Md.*13. NAME *Robert A. Saunders*14. BIRTHPLACE (city or town) *md.* (State or country)15. MAIDEN NAME *Martha J. Harmon*16. BIRTHPLACE (city or town) *Pa* (State or country)17. INFORMANT *Helen Pyle* (Address) *Residing Sun*18. BURIAL, CREMATION, OR REMOVAL *West Nottingham Md* Date *Nov 2 1936*19. UNDERTAKER *J. E. Tyson* (Address) *Residing Sun Md.*20. FILED *1936* 19 *Key*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-31 1936*22. I HEREBY CERTIFY, That I attended deceased from *10-24-36* 19, to *10-31-36* 19I last saw him alive on *10-31-36* 19. Death is said to have occurred on the date stated above, at *2 1/4* a.m.

The principal cause of death and related causes of importance were as follows:

Strangled Femoral Artery left.

Date of onset

Other contributory causes of importance:

*Myocardial Failure*Was an operation performed? *yes* Date of *—*For what disease or injury? *Artery*Name of operation *Arteriotomy* Date of *10-27*What test confirmed diagnosis? *Chl.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Stephens* M. D.(Address) *11-3 St. 11-3 Ward*

OCCUPATION is very important. See instructions on back of certificate.

28584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28584

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Green St. Ward 17-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 410 N. Green St. Ward. (If non-resident give city or town and State)If U. S. Veteran, specify WAR Recon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of Rosa Lascuola (or WIFE of)6. DATE OF BIRTH (month, day, year) Oct 30th 18617. AGE Years 75 Months 0 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery Business
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Italy13. NAME James Lascuola14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Conetta Tardina16. BIRTHPLACE (city or town) (State or country) Italy17. INFORMANT Louis Lascuola (Address) 410 N. Green St.18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov 2nd 193619. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.20. FILED Nov 2nd 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 193622. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Oct 10, 1936. I last saw him alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Branchial Pathway
Septicemia 1935

Other contributory causes of importance:

none

Was an operation performed? Date of

For what disease or injury?

Name of operation Cholecystectomy Date ofWhat test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Valters D.(Address) 16 So. Broadway

OCCUPATION is very important. See instructions on back of certificate.

F 28586

F 28586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Heights* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. *3* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Joseph Colton*If U.S. Veteran specify WAR *No Record*

(a) Residence: No.

1711 Frederick Rd Catonsville

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Amie S. Colton* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 27 - 1871*7. AGE Years *65* Months *9* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *Retired 066*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Knolly Salesman*10. Date deceased last worked at this occupation (month and year) *1926* 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Balto Md* (State or country)13. NAME *Joseph S. Colton*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Bridget S Mc Carthy*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Amie S. Colton* (Address) *1711 Frederick Rd Catonsville*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *Mar 2 - 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10 - 29 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *7-25* 1936 to *10-29* 1936I last saw him alive on *10-29* 1936 Death is said to have occurred on the date stated above, at *6 P.m.*

The principal cause of death and related causes of importance were as follows:

*Pyelonephritis & Azotemia
Multiple Myeloid Disturbance
Hemorrhagic Pericarditis
Septic*Date of onset *7-25-36**7-27-36*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *7-27-36 - 9-16-36*For what disease or injury? *Multiple myeloid & acute retention*What test confirmed diagnosis? *Chin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph S. Colton* M. D.(Address) *1711 Frederick Rd Catonsville*

8587 B 1268-9

✓ F 28587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. 1 mos. 2 ds. If U. S. Veteran specify WAR2. FULL NAME Charles W. Gasser(a) Residence: No. 1501 W. Fayette St. St., Hare Ward. 19-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 8, 18747. AGE Years 62 Months 10 Days 21 If LESS than 1 day, 1 hr. or 1 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Troy (State or country) N.Y.13. NAME Ed. Gasser14. BIRTHPLACE (city or town) Austria (State or country)15. MAIDEN NAME Amelia Bayer16. BIRTHPLACE (city or town) Troy (State or country) N.Y.17. INFORMANT Mrs. Anna Spear (Address) Closter N.J.18. Funeral (Address) 2757 W. ... Date Oct 31, 193619. UNDERTAKER Joseph ... (Address) 1003 ...20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. H. ...(Address) 2757 W. ...

Coroner M. D.

See instructions on back of certificate.

28588

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28588

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Baltimore City Hospitals St. 3-2 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Pukis

(a) Residence: No. 30 Albemarle St. St. Ward.

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876 ?

7. AGE Years 60? Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Day of Burial Nov. 3, 1936

19. UNDERTAKER John Grebliauskas (Address) 423 S. Paca St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY That I attended deceased from 10 - 28 1936 to 10 - 30 1936

I last saw him alive on 10 - 30 1936 Death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

John F. Rainey Baltimore City Hospital

Registrar

M. D.

FEB 31 1936

F 285389

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28589

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Charles St. St. 12-6 Ward)Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary H. Robinson(a) Residence: No. 2116 N. Charles St. St. 12-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eugene Robinson6. DATE OF BIRTH (month, day, year) Aug. 20, 18627. AGE Years 74 Months 2 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME William A. Padgett14. BIRTHPLACE (city or town) Balto. Co. Md. (State or country)15. MAIDEN NAME Marie T. Hurry16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Thel D. Carter (Address) Hampton Court P.O. D. 2

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Oct. 31, 193619. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place20. FILED Oct 31 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1936 1922. I HEREBY CERTIFY, That I attended deceased from 10/15/36 19 to 10/29 1936I last saw her alive on 10/29 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic valv heartasthma involvement

Date of onset

10/15/36

Other contributory causes of importance:

arteriosclerosisSome yearsWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. H. H. H. M. D.(Address) 2020 N. Charles St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F

28590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28590

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6006 Henderson St., 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Joshua Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 6006 Henderson St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Townes

6. DATE OF BIRTH (month, day, year) Sept 2, 1869

7. AGE Years 67 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad Conductor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Balt Co Md

13. NAME John J. Jackson

14. BIRTHPLACE (city or town) (State or country) Balt Co Md

15. MAIDEN NAME Mary S. Jackson

16. BIRTHPLACE (city or town) (State or country) Hagerstown Co Md

17. INFORMANT Oscar R. Jackson (Address) 6006 Henderson St

18. BURIAL, CREMATION, OR REMOVAL Place Chutney Grove Camp Date Nov. 2, 1936

19. UNDERTAKER John C. Mitchell & Sons (Address) 1900 Eutaw Pl

20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ruptured Skull 183836 Atherosclerosis Hypertension with Aneurysm ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy 210

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Conduct Date of injury 10-28-1936

Where did injury occur? 6006 Henderson St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 186-a

Manner of injury Fall down stairs.

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. Henderson M. D.

(Address) 6006 Henderson St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s s

28591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28591

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 7-4* St. *7-4* Ward)Registered No. *10*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1628 Barnes* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 6, 1935*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *10 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Helen Payne*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Mother* (Address) *Same*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Calvary* Date *Oct. 31, 36*19. UNDERTAKER *Robert A. Young* (Address) *804 N. Caroline St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 30*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct 29*, 1936, to *Oct 30*, 1936I last saw him alive on *Oct 30*, 1936 Death is said to have occurred on the date stated above, at *12⁰⁵ a.m.*

The principal cause of death and related causes of importance were as follows:

Congenital heart malformation Life
Spachena, nasal *10-22-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) *Thomas S. Schwescher, M. D.*(Address) *Sydenham Hospital*

F 371936

28592

F 28592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 St. Matthews 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1208 St. Matthews St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: A 4. Color or Race: Col 5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 4 - 1921

7. AGE: 15 Years 3 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Samuel Brown

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Patricia Halliday

16. BIRTHPLACE (city or town) (State or country): Cambridge Md

17. INFORMANT: Mrs. Ruth Brown (Address) 1208 St. Matthews St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Cem Date Nov. 2 - 1936

19. UNDERTAKER: Brown & Francis H. Knight (Address) 1208 McCallary St.

20. FILED: 311936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1936, to Oct 29, 1936

I last saw him alive on Oct 29, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Cyanide Poisoning

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

What test confirmed diagnosis? Testes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Allen

(Address) 507 Annapolis St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2700 Queen Anne Rd* St. *18* Ward) *167*Length of residence in city or town where death occurred *47* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herriott Madeline Hackett

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

2700 Queen Anne Rd

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Single</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Oct 07 1889</i> | | |
| 7. AGE <i>47</i> | Years <i>0</i> | Months <i>22</i> |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Homemaker</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)13. NAME *Michael Hackett*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Ladie Weyerly*16. BIRTHPLACE (city or town) *York Co Pa*
(State or country)17. INFORMANT *Ladie Hackett*
(Address) *2700 Queen Anne Rd*18. BURIAL, CREMATION, OR REMOVAL
Place *Harmon Park* Date *Oct 31 1936*19. UNDERTAKER *Wm. J. Dietrich & Sons*
(Address) *1215 Harman*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 29 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above. *11 15 PM*

The principal cause of death and related causes of importance were as follows:

Bullet wound in head.

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide *suicide* Date of injury *1929* 1936Where did injury occur? *2700 Queen Anne Rd*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *in home*Manner of injury *shot self with pistol*Nature of injury *Bullet through mouth*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Harman*(Address) *1215 Harman*

Coroner

M. D.

Registrar.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FILED
OCT 31 1936

28594

F 28594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Wildwood Parkway) Ward 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Harry A. Brown

6. DATE OF BIRTH (month, day, year) September 10, 1864

7. AGE Years 72 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis, Mo.

13. NAME Richard Blannery

14. BIRTHPLACE (city or town) (State or country) County Mayo Ireland

15. MAIDEN NAME Bridget Blannery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry A. Brown (Address) 624 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Nov 2, 1936

19. UNDERTAKER J. J. Jones & Sons

(Address) 700 Ave

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture Left Femur

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 24. Date of injury 10/15, 1936

Where did injury occur? 624 Wildwood Parkway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury slipped on rug and fell

Nature of injury broke left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. H. H. M. D.

(Address)

1216 Hana way

Coroner

M. D.

28595 1268-9

F 28595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Turner's Station* St., *3-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*?5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *?*6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *about 48 yrs.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Beth Steel Co.*10. Date deceased last worked at this occupation (month and year) *Oct-14-36* 11. Total time (years) spent in this occupation *8 yrs*12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *"*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *"*17. INFORMANT *Mr. Kamenski* (Address) *Turner's Station*

18. BURIAL, CREMATION, OR REMOVAL

Place *National Cem.* Date *10-1-36*19. UNDERTAKER *James J. Connelly* (Address) *1031 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 28, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drowned

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury *10/28/36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *fell off bridge*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Ernest B. Williams* M. D.(Address) *1031 St Paul St*

Registrar

3-11-1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28596

319495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28596

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Jim Alston(a) Residence: No. 1805 Orleans

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-81

7. AGE

Years 55Months 2

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Records

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. CalvaryDate Oct 31, 193619. UNDERTAKER Wendell D. Dwyer(Address) 1805 Orleans

20. FILED

CT 31 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Oct 27, 193622. I HEREBY CERTIFY, That I attended deceased from Oct-5, 1936 to Oct 27, 1936I last saw him alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 320 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculous PeritonitisDate of onset Sept. 1936

Other contributory causes of importance:

Hypertensive cardio-vascular disease ?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no

If so, specify.

(Signed) Frederick C. Weber Jr.

M. D.

(Address) Johns Hopkins Hospital

F 28597

12839 F 28597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt; 1st - 3rd Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ema Bowers

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 1257 William St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Sep.5a. If married, widowed, or divorced
HUSBAND of Charles
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-30-18647. AGE Years 72 Months 1 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Sarah16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Baltimore City Hospts. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place mt Olivet Cem Date Oct 31 193619. UNDERTAKER Margaret A. ...
(Address) 4220 Highland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 193622. I HEREBY CERTIFY, That I attended deceased from 5-23 1935 to 10-28 1936I last saw h. alive on 10-28 1936 Death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 10-28

Other contributory causes of importance:

General debility with infected decubitus ulcers undWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John F. Ramsey (M. D.)(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

OCT 31 1936

Registrar.

F 28599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen Arace Smith

(a) Residence: No.

Chestnut - Mt. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/25/387. AGE Years 15 Months 4 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME William Upsher14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Annie Mae Smith16. BIRTHPLACE (city or town) Mt. St. (State or country)17. INFORMANT Records -(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hospital Date Oct 30 1936

19. UNDERTAKER

(Address)

Commissioner of HealthPer H. A. Moore

20. FILED

CT 31 19362700

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936 to Oct. 17, 1936I last saw her alive on Oct 17, 1936 Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

Dysentery
Primary PneumoniaDate of onset Sept. 20
Oct. 15over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Cunningham M. D.(Address) Johns Hopkins Hospital

F 28600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals* St. *10-17* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Erkenbrack

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

924-5th N.E. St.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Minnie Erkenbrack</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 14, 1885</i> | | |
| 7. AGE Years <i>51</i> | Months <i>5</i> | Days <i>16</i> If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Iron Worker</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>107</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) *Minnesota*
(State or country)13. NAME *Clinton Erkenbrack*14. BIRTHPLACE (city or town) *Minnesota*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *Mervyn Erkenbrack*
(Address) *3167-118th St. N.W.*18. BURIAL OR CREMATION: *10/31/1936*19. UNDERTAKER *George A. Steyer*
(Address) *14th St. & Fairfells*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/31/1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Shock.
Fr. Radius & ulna left
Fr. Humerus
Fr. Pelvis
Punctured urethra

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *10/31/1936*Where did injury occur? *Bueto. Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Boston & Potomac St.*Manner of injury *Fall off City*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

ye If so, specify *Hurt while at work*
 (Signed) *Elvin B. Wallgren* M.D.
 (Address) *1031 St Paul St*

OCCUPATION is very important. See instructions on back of certificate.

1936

19

Register

28601

✓ 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR...

(a) Residence: No

24. *Hyndae*
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from
9-19 1936 to 9-30 1936

I last saw him alive on 9-30, 1936. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

| | |
|------------------------|---------------|
| Name of operation..... | Date of |
|------------------------|---------------|

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Sarah H. Hill, M. D.

The Johns Hopkins Hospital

59. FILED

3. FILED

02700

28602 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28602

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641W. Lammale St. 16-3 Ward)

Length of residence in city or town, where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Alice Waddell

(a) Residence: No. 1641W. Lammale St. St., 16-3 Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS:

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Waddell

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years 45 Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070
10. Date deceased last worked at this occupation (month and year) Nov 1936
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) St. Mary (State or country) County, Md.

13. NAME Joseph Washington

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Matthew Watts (Address) 1538 Harlem av.

18. BURIAL, CREMATION, OR REMOVAL Angela Mary Co Date Nov 1936

19. UNDERTAKER Samuel H. Chase & Son (Address) 638 N. Gilmer St.

20. FILED 31-336 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1936 to Oct. 29, 1936

I last saw him alive on Oct. 29, 1936. Death is said to have occurred on the date stated above, at 6p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 172876

Other contributory causes of importance:

Was an operation performed? No Date of ?

For what disease or injury? ?

Name of operation ? Date of ?

What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury ?, 19 ?

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ?

(Signed) E. H. Pratt M. D.

(Address) 1536 W. Lammale St.

28603

F 28603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland Gen'l Hds*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ruth Mathis

(a) Residence: No.

Prince Frederick, Md.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 21, 1925*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *10 10 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Lanie Mathis*14. BIRTHPLACE (city or town) (State or country) *Hancock Co. Tennessee*15. MAIDEN NAME *Mildred Long*16. BIRTHPLACE (city or town) (State or country) *Hancock Co. Tennessee*17. INFORMANT *Lanie Mathis* (Address) *Brookville, Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Brookville, Tenn.* Date *Oct 31, 1936*19. UNDERTAKER *Easton Long* (Address) *Ellicott City, Md.*

20. FILLD 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 31, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 10, 1936* to *Oct. 31, 1936*I last saw her alive on *Oct. 30, 1936* Death is said to have occurred on the date stated above, at *2 A.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Myeloid Leukemia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Jerome Feldman*

M. D.

(Address)

Maryland Gen'l Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 28604

F 28604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *9-9* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William J. Lotz(a) Residence: No. *39 Edmondson Ridge Rd.* St., *Catonsville, Md.* Ward. *Catonsville, Md.*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Esther C. Lotz*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 2, 1892*7. AGE Years *44* Months *8* Days *10* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Body Builder*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *World War*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Balto.*
(State or country) *Md.*FATHER 13. NAME *Charles F. Lotz*14. BIRTHPLACE (city or town) *Germany*
(State or country)MOTHER 15. MAIDEN NAME *Barbara Butcher*16. BIRTHPLACE (city or town) *Balto.*
(State or country) *Md.*17. INFORMANT *Mrs. Esther C. Lotz*
(Address) *39 Edmondson Ridge Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lawson Park* Date *Nov. 3, 1936*19. UNDERTAKER *Geo. J. Schuch*
(Address) *2101 Frederick Ave*20. FILED *11936* 19 *36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/31, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thirteen and from the evidence obtained by said *inquest* and that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schuch* Coroner M. D.(Address) *1919 E. North Ave.*

OCCUPATION is very important. See instructions on back of certificate.

F 28605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Chas. A. Kemper

If U. S. Veteran

specify WAR

(a) Residence: No. Cockeysville Balto, Co, Md,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Sallie A. Kemper
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 5, 18677. AGE Years 69 Months 26 Days 26 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Beaver Dam Quarry 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Indiana
(State or country)FATHER 13. NAME Jos. Kemper14. BIRTHPLACE (city or town) Ky.
(State or country)MOTHER 15. MAIDEN NAME Mary Hardy16. BIRTHPLACE (city or town) Ill.
(State or country)17. INFORMANT Mrs. Kemper
(Address) Cockeyville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jessops-Lorlayville Date Nov. 2, 193619. UNDERTAKER Wm. C. Rueland & Son
(Address) Springfield, Md.20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 31, 1936For what disease or injury? Strangulation L. Inguinal Hernia
Name of operation Herniotomy Date Oct. 31,

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. H. C. Allen(Address) 2757 W. 12th

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

¹⁹
E 28606 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28606

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Juanita Howell

(a) Residence: No. 902 J

(Usual place of abode)

St.

Sparrows Point Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7/18/36

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

none

0000

12. BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Thos. Howell

FATHER

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Katherine Harris

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary

Date 11/1/36

19. UNDERTAKER

(Address)

Mrs R. A. Elliott & Daughter, 1129 N. Caroline St

20. FILED

Johnston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Oct-30, 1936

I last saw her alive on Oct-30, 1936. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Lobar pneumonia

Date of onset

10-25-36

10-27-36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? 96

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. C. Stiffen, Jr. M. D.

(Address)

Johns Hopkins Hospital

31 1936

F 28607

F 28607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N Broadway St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eugenia C. M. Cury

If U. S. Veteran

specify WAR

No Record

(a) Residence: No.

1514 N Broadway St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Harry M. Cury

6. DATE OF BIRTH (month, day, year)

Oct 23 1859

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7799

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

Oct 1936

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Lloyd Thitaker

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Elizabeth Stansbury

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

Harry M. Cury

(Address)

1514 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place

Home

Date

11/2

19. UNDERTAKER

(Address)

Wm. C. Cury
1219 S. E. Ave

20. FILED

1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1936, to Oct. 30, 1936I last saw her alive on Mar. 16, 1936 Death is saidto have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease

Date of onset

Unknown
Few
minutes

Other contributory causes of importance:

Ac. Cardiac DilatationWas an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

E. B. Dybert
2802 Harford

M. D. B. 1283-2
28608

F 28608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital 9-1* St., *9-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*James B. Druey*If U. S. Vet. *No Record*(a) Residence: No. *3803* *Old York Rd.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Carrie Druey* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 5, 1880*7. AGE Years *56* Months *5* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sanitary* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City Hospital* 10. Date deceased last worked at this occupation (month and year) *Oct. 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Beth. Md.* (State or country)13. NAME *Thomas Druey*14. BIRTHPLACE (city or town) *Howard Co. Md.* (State or country)15. MAIDEN NAME *Annie E. Teal*16. BIRTHPLACE (city or town) *Howard Co. Md.* (State or country)17. INFORMANT *George E. Lopez* (Address) *3803 Old York Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Nov 2nd 1936*

19. UNDERTAKER

Wm. Cook *1217 St Paul St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 30, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary embolism

Other contributory causes of importance:

*Old Fr. Left Hemur**6 yrs*

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur: *at 4 yrs ago*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Slipped & fell on floor*Manner of injury *at City Hospital*Nature of injury *Fractured Hip*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

Erin B. Wallaugh *1031 St Paul St.*

Coroner M. D.

OCCUPATION is very important. See instructions on back of certificate.

28609 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals 76-8* St. *76-8* Ward)Length of residence in city or town where death occurred *29* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Cloris C. Clapin(a) Residence: No. *309 Hazley St*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced. (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Myrtle B. Clapin*6. DATE OF BIRTH (month, day, year) *May 10, 1881*7. AGE Years *55* Months *5* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Painter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Mass.* (State or country)13. NAME *Cloris C. Clapin*14. BIRTHPLACE (city or town) *Mass.* (State or country)15. MAIDEN NAME *Louise Ladd*16. BIRTHPLACE (city or town) *Mass.* (State or country)17. INFORMANT *Myrtle B. Clapin* (Address) *309 S. Hazley St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Carmel*Date *Nov 2nd* 1936

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

20. FILED

F. S. 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10/30* 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Shock
Fr. Rib, Pelvis & Tibia
Fr. Pelvis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *10/28* 1936Where did injury occur? *Bareto Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *301 St Ellwood Ave*Manner of injury *Fell from Scaffold*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

Yes *on job at work*
Cloris C. Clapin M. D.(Address) *1031 St. Paul St*

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

28610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 24 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

12 mos. 28 ds.

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Mr. John Floyd Palmer

If U. S. Veterans

specify WAR

No Record

(a) Residence: No. #2 Sulphur Spring Rd., Landover, Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Cora M. Palmer
WIFE of

6. DATE OF BIRTH (month, day, year) Mar 15th 1874

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 62 | | 7 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Execution Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Coal Exchange

10. Date deceased last worked in this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

13. NAME John H. Palmer

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Amelia Rayner

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Cora M. Palmer

(Address) 3 Sulphur Spring Rd. Landover, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Nat. Cal. Cem. Park Date: Nov 2nd 1936

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St.

20. DATE OF DEATH 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1936 to 10/30, 1936

I last saw him alive on 10/30, 1936 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis of the abdominal cavity

Other contributory causes of importance:

Bronchopneumonia

Date of onset

2

10/5/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of Partia

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis J. Kroll M. D.

(Address) South Baltimore General Hosp.

28611 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *4-2* Ward)Length of residence in city or town where death occurred *22* yrs. mos. ds. How long in U. S. If of foreign birth: *22* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *304 Pearl St.* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Katie*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *10-30-36*7. AGE Years *64* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Store keeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General Mchse.*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)FATHER 13. NAME *David Louis*14. BIRTHPLACE (city or town) *Russia*
(State or country)MOTHER 15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *B Redale Cem* *11-1-36* 1919. UNDERTAKER *John J. Jones Inc.*
(Address) *11439 E. North St.*

20. FILE

1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-30-36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

*Cerebral Anoxemia*Was an operation performed? *No* Date ofFor what disease or injury? *No*

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Scheuer* M. D.(Address) *1919 E. North Ave* Coroner

OCCUPATION is very important. See instructions on back of certificate.

28612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Orleans ST. St., 6-5 Ward)Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles W. Jones(a) Residence: No. 1702 Orleans ST. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 18757. AGE Years 61 Months 3 Days 4 If LESS than 1 day, 9 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockbroker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Chas. W. Jones14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Joana Wright16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Ruby Scott (Address) Richmond, Va.18. BURIAL, CREMATION, OR REMOVAL Placed in St. Ignace Cemetery Date Nov 2, 193619. UNDERTAKER St. Ignace Bur. (Address) 1127 E. Baltimore St.20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner(Address) 1919 E. North Ave.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 28613 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for aged & infirm

Registered No. 59

CITY OF BALTIMORE: (No. of house)

Belvedere & Green Sts.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Lipsitz

(a) Residence: No. 616 Hanover

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced HUSBAND of

WIFE of

Late Ida

6. DATE OF BIRTH (month, day, year)

1857

7. AGE

79

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Samuel Lipsitz

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Freda Lemowitz

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Sig. A. Entblatt, Supv. Hebrew Home for Aged & Infirm, 1127 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Rd

Date WWII 1936

19. UNDERTAKER

(Address)

Sol. Livenson, Bur. 1127 E. Lombard St.

20. FILED 1-1936

Huntington Hall, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

9/22

1932 to

11/1, 1936

I last saw him alive on 10/31, 1936 Death is said

to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension (cerebral hemiplegia)
Arteriosclerosis
Diabetes mellitus

Date of onset

Other contributory causes of importance:

Chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) H. Edmund Levin

(Address)

Levidale

M. D.

28614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28614

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 E. Montgomery St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Israel GrobnickIf U. S. Veteran
specify WAR(a) Residence: No. 23 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle6. DATE OF BIRTH (month, day, year) 18757. AGE Years 59 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)13. NAME Joseph Grobnick14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Ruffa P16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Phillip Grobnick
(Address) 23 E. Montgomery St18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Wachshten Rd Date NW 1 193619. UNDERTAKER Sol Greenman
(Address) 1127 E. Baltimore St20. FILED 1936 Hebrew Wachshten Rd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1936, to Oct 31, 1936.I last saw him alive on Oct. 31, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Aplastic anemia (as obtained from records at Sinai Hospital)

Date of onset

about June 1935

Other contributory causes of importance:

Pneumonia (terminal)Oct. 30.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hyman L. Shaffer M. D.
(Address) 2322 E. Mount Place

28616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 Harvey St. 74 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mary E. Jerrentrupp

If U.S. Veteran specify WAR _____

(a) Residence: No. 644 Harvey St. _____ Ward. _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of William G. Jerrentrupp
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11, 1870

7. AGE Years 66 Months 7 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME William F. Hoffman

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Anna Rose Whittler

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Anna Rose Smith
(Address) 644 Harvey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov 3

19. UNDERTAKER George W. Ginkler
(Address) 1737 E. Eagle St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 30, 1936 to Oct 30, 1936

I last saw him alive on Oct 30, 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Date of onset 1936

Other contributory causes of importance Thyroid Neoplasm & Hypertension

1934

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. F. Hand D.
(Address) 1737 E. Eagle St.

OCCUPATION is very important. See instructions on back of certificate.

519455
28617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. **27-1** St. **27-1** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **Life** mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Alwin Rupert** (Alwin H. J. Rupert)(a) Residence: No. **3113 Weaver ave** St. **Ward.**

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX m | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 5a. If married, widowed, or divorced HUSBAND of Meta H. Rupert (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) 9-6-1872 | | |
| 7. AGE | Years 64 | Months 1 |
| | Days 24 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book binder | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self | |
| | 10. Date deceased last worked at this occupation (month and year) Oct. 3, 1936 | |
| | 11. Total time (years) spent in this occupation 40 yrs | |
| 12. BIRTHPLACE (city or town) Baltimore (State or country) Md. | | |
| FATHER | 13. NAME Anton B. Rupert | |
| | 14. BIRTHPLACE (city or town) Zetel (State or country) Germany | |
| MOTHER | 15. MAIDEN NAME Soker | |
| | 16. BIRTHPLACE (city or town) Zetel (State or country) Germany | |
| 17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Nov. 2, 1936 | | |
| 19. UNDERTAKER Joseph H. Cook (Address) 1005 N. Baltimore St. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Oct-30, 1936**22. I HEREBY CERTIFY. That I attended deceased from **Oct 3-** 19**36** to **Oct 30** 19**36**I last saw him alive on **Oct 30, 1936** Death is said to have occurred on the date stated above, at **125A** m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset
8 mos

Other contributory causes of importance:

Left thoracotomy - partial resection of stomachWas an operation performed? **Yes** Date of **10/19/36**For what disease or injury? **Carcinoma of stomach**What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Donald Duke

M. D.

(Address)

Johns Hopkins Hospital

28618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28618

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No. *70-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs Josephine Ballard

(a) Residence: No. 105 S. Payson St., St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|-------------|---------------------------|--|

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 27th 1879

7. AGE

57

Years

Months

3

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Peter Philipps

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

Walter Ballard

(Address)

1701 Mossell Park Road

18. BURIAL, CREMATION, OR REMOVAL

Place Memorial Moulants Nov 3rd 1936

19. UNDERTAKER

Geo. G. L. Oak

(Address)

1703 N. Pratt Park Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1936, to Oct 31, 1936.

I last saw her alive on Oct 31, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Secondary Anemia
Toxemia

Name of operation

None

Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William Hollister

M. D.

(Address)

Franklin Sq. Hospital

Registrar

1936

See instructions on back of certificate. OCCUPATION is very important.

28619

F 28619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3706, 3rd St.* *25-4* Ward) *23*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Amelia Pattinson*(a) Residence: No. *3706 3rd* *Brooklyn* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 7th 1912*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
24 *22*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *George Pattinson*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Amelia Patee*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *George Pattinson*(Address) *3706 3rd St Brooklyn Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill Cemetery, Nov 8, 1936*19. UNDERTAKER *Leo E. Cook*(Address) *1703 N. Patterson Pk Blvd*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH *0*21. DATE OF DEATH (month, day, year) *Oct 29th*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *March 22nd*, 1936, to *Oct. 29th*, 1936.I last saw her alive on *Oct. 29*, 1936. Death is said to have occurred on the date stated above, at *11.30 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. Date of onset *1934*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *Yes*. Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel J. Cook* M. D.(Address) *1634 E. Baltimore St.*

OCCUPATION is very important. See instructions on back of certificate.

V S 3

28620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28620

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S Highland A ve

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F Thoms

(a) Residence: No. 104 S Highland Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (Use the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Thoms

6. DATE OF BIRTH (month, day, year) June 13 1864

7. AGE Years 72 Months 4 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Don't know

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mary B Thoms (Address) 104 S Highland A ve.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood

Date Nov 2 1936

19. UNDERTAKER John W. W. (Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/36

22. I HEREBY CERTIFY That I attended deceased from

Jan 28 1936 to 10/29/36

I last saw him alive on 10/29/36 Death is said

to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Hemophysis Apoplectic 10/30/36

Other contributory causes of importance

Chronic Mitral Regurgitation Chronic Hypertension Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) J. H. Sudler M. D.

(Address) 1325 E. Baltimore

FILED 1-1936

28621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28621

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 27-7* St. *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2926 Christopher* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Amelia Schiefer* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 15, 1865*7. AGE Years *71* Months *1* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cooper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *John Schiefer*14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *John Cross* (Address) *8936 Christopher Ave*18. BURIAL, CREMATION OR REMOVAL Place *Holy Redeemer* Date *11/3* 193619. UNDERTAKER *Leonard C. Buck* (Address) *5302 East End Rd.*20. FILED *1-1936* *St. Joseph's Hospital* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 31* 193622. I HEREBY CERTIFY, That I attended deceased from *Oct. 25* 1936 to *Oct. 31* 1936I last saw him alive on *Oct 31* 1936 Death is said to have occurred on the date stated above, at *2:00* p.m.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy (Benign) *Urinary Retention* *Hypertensive Cardio-Vascular disease*

Other contributory causes of importance:

*Uremia*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *-* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *H. Austrom* M. D.(Address) *St. Joseph's Hospital*

28622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28622

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Seiwa Hosp 7-5* Ward)Registered No. *91-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Chase Maryland*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Karl R. Fischer*6. DATE OF BIRTH (month, day, year) *Oct 3-1911*7. AGE Years *25* Months Days *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto Co. Md*
(State or country)13. NAME *Otto P. Fischer*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Wilhelmina Dietz*16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *Karl R. Fischer*
(Address) *Chase Md*

18. BURIAL INFORMATION FOR REMOVAL

Place *St Peter's Cemetery* Date *Nov 3rd 1936*19. UNDERTAKER *Fredrick Tassalun & Sons*
(Address) *7401 Keltus Road*20. FILED *1-1936*Registrar *R. H. H.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-1-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *10-19-36*, 19, to *11-1-36*, 19.I last saw her alive on *11-1-36*, 19. Death is said to have occurred on the date stated above, at *7:30 Am*.

The principal cause of death and related causes of importance were as follows:

Sub Acute Bacterial Endocarditis
Myocardial Failure
bacterial toxemia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. Stocallin* M. D.(Address) *Seiwa Hospital*

28623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28623

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senai Hospital* St. *15-13* Ward)Registered No. *117-6*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Sam Suidman(a) Residence: No. *2845*

(Usual place of abode)

Old Spring Lane St. *15-13* Ward. *117-6*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sophie*6. DATE OF BIRTH (month, day, year) *1894*7. AGE Years *42* Months Days If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tailor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Bus.* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0080*12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*18. BURIAL, CREMATION, OR REMOVAL Place *Not Known* Date *11-1-36* 1919. UNDERTAKER *Jack Lewis, Inc.* (Address) *1439 E. Pratt St.*20. FILED *11-1-36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-1-36* 1922. I HEREBY CERTIFY, That I attended deceased from *10-25-36* 19 to *11-1-36* 19I last saw him alive on *11-1-36* 19. Death is said to have occurred on the date stated above, at *9 A.M.*

The principal cause of death and related causes of importance were as follows:

*myocardial insufficiency
Anemia secondary to
gastric hemorrhage*

Date of onset

*10-25-36**10-25-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Alfred S. Schurats* M. D.(Address) *Senai Hospital*

✓ F 28624

F 28624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1419 Light

CITY OF BALTIMORE: (No. 1419 Light

St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Sante Ceccio
1419 Light

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Concettina Ceccio
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10 1883

7. AGE Years 53 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coat Shop

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pagliara-Messina
(State or country) Italy

13. NAME Domenico Ceccio

14. BIRTHPLACE (city or town) Pagliara-Messina
(State or country) Italy

15. MAIDEN NAME Maria Ceccio

16. BIRTHPLACE (city or town) Pagliara-Messina
(State or country) Italy17. INFORMANT Concettina Ceccio
(Address) 1419 Light St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Ce. Date Nov. 2 193619. UNDERTAKER Frank J. Miller
52 N. Mortimer St.

20. FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th, 193622. I HEREBY CERTIFY That I attended deceased from Oct. 30th, 1936, to Oct. 30th, 1936.I last saw him alive on Oct. 30th, 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Oct 30-36

Other contributory causes of importance:

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Frank A. Virgilio

M. D.

(Address)

213 S. Conkling St.

28625

F 28625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. (Dead on arrival) Ward)

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carroll P. Hanley

If U. S. Veteran

specify WAR

(a) Residence: No.

2232 Biddle East

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Catherine Hanley

6. DATE OF BIRTH (month, day, year)

Feb 22 - 1881

7. AGE

53?

Years

Months

Days

11 LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.

Patrolman

9. Industry or business in which work was done, as mill, bank, saw mill, bank, etc.

Patrol & District

10. Date deceased last worked at this occupation (month, day, year)

10/29/36

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Patrick J. Hanley

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. NAME

Ellen McCormick

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. Catherine Hanley

(Address) 2232 Biddle St E.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer

Date Nov 2

19. UNDERTAKER

Theophy J. Fralowski

(Address) 1700 S. Baltimore

20. FILER

1936

H. E. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29 - 1936

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

10/29 -

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) it is also the following

Accident, suicide, or homicide? Date of injury 10/27 - 1936

Where did injury occur? St Paul & 20th St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Highway

Thrown from side of street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Arthur Hanley Auto

(Address) 807 N. Charles

Coroner M. D.

F 28626

F 28626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles MosleyIf U. S. Veteran
specify WAR _____(a) Residence: No. 322 N. Pearl St. St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 15 18947. AGE Years 42 Months _____ Days 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

Laborer

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Jim Mosley14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Emma Kennard
(Address) 322 N. Pearl St.18. BURIAL, CREMATION, OR REMOVAL
Place Lake Virginia 11/2/193619. UNDERTAKER Mrs. Frances A. Mosley
(Address) 1111 W. Biddle St.20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac AsthmaPulmonary Edema

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) F. H. Mosley

M. D.

(Address) 2737 W. W. St.

OCCUPATION is very important. See instructions on back of certificate.

F 28627

F 28627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Waltemeyer Ct. 14-3 Ward)Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 608 Waltemeyer Court St., 14-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C. 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 29, 18667. AGE Years 70 Months 3 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) N.Y.
(State or country) Unknown13. NAME Unknown14. BIRTHPLACE (city or town) "
(State or country) "15. MAIDEN NAME "16. BIRTHPLACE (city or town) "
(State or country) "17. INFORMANT Robert Giles
(Address) 608 Waltemeyer Court18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 11/2/193619. UNDERTAKER Mrs. Frances A. Hemmick
(Address) 578 W. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 193622. I HEREBY CERTIFY. That I attended deceased from Oct 20, 1936, to Oct 27, 1936I last saw her alive on Oct 28, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset ?

Other contributory causes of importance:

Was an operation performed? None Date of NoneFor what disease or injury? None Date of NoneName of operation. NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1936Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) William F. Felt M. D.(Address) 1287 Penna Ave

FILED

OCT 2 - 1936

F 28628

F 28628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W. 1st St. Ward 73-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 139 W. 1st St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

c. DATE OF BIRTH (month, day, year)

7. AGE Years 2 Months 9 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Walter Spriggs14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Mary Hughes16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Walter Spriggs (Address) 137 W. 1st St.18. BURIAL, CREMATION, OR REMOVAL Place St. Calvary Date Nov 2 193619. UNDERTAKER Ernest P. Zell (Address) 139 W. 1st St.20. FILED St. Calvary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30 193622. I HEREBY CERTIFY, That I attended deceased from 10/20 1936 to Oct 30 1936I last saw h. alive on 10/20 1936 Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Hamill M. D.(Address) 109 W. 1st St.

2-1936

28629 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28629

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 E. 21st St. St. 17-18 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 314 E. 21st St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Sallman

6. DATE OF BIRTH (month, day, year) Nov. 30 - 1857

7. AGE Years 78 Months 10 Days 11 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Wm Barwick

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm Sallman
(Address) 314 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Nov. 2 1936

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Calver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/15/36 1936 to 10/29/36 1936

I last saw her alive on 10/29/36 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Arterio Sclerosis Myocarditis
Chronic interstitial nephritis

Other contributory causes of importance: Acute interstitial pneumonia

Was an operation performed? no Date of _____

For what disease or injury? no

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

(Signature) Wm Sallman M. D.
30-5. Conkling

25. FILED V 2 - 1936 11. 11. 36

F 28630

Gilbertthorpe

F 28630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp.* St., *7-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Sarah Gilbertthorpe

(a) Residence: No.

1609 E. Chase

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*George B. Gilbertthorpe*

6. DATE OF BIRTH (month, day, year)

July 18 - 1867

7. AGE

69 - Years

Months

3

Days

*13*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Baltimore Md.
County*

FATHER

13. NAME

*James Henry George O'Brien*14. BIRTHPLACE (city or town)
(State or country)*Balto. Md.
County*

MOTHER

15. MAIDEN NAME

*Catherine C. Brooks*16. BIRTHPLACE (city or town)
(State or country)*Balto. Md.
County*

17. INFORMANT

(Address)

*Mrs Ella S. O'Brien
1434 Homestead St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Sandon Park Cemetery* Date *Nov 2, 1936*

19. UNDERTAKER

(Address)

*Charles B. Black
742 W. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 31, 1936*22. I HEREBY CERTIFY, That I attended deceased from *10-24, 1936, to 10-31, 1936*I last saw her alive on *10-31, 1936* Death is said to have occurred on the date stated above, at *8:15* m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease, uncompensated

Date of onset

1-1-36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*H. Austran
St. Joseph's Hosp.*

M. D.

OCT 2 - 1936

Registrar.

28631

17968

F 28631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital
CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Simon

If U.S. Veteran
specify WAR

(a) Residence: No. 621 N. Dallas St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Elizaeth (Separated)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-2-1882/1882

7. AGE 54 Years Months 5 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Charles (Dead)

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Caroline Walker (Dead)

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov. 2 193619. UNDERTAKER Robert B. Williams
(Address) 1515 M. E. Elderly St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1936 to 10-29 1936

I last saw him alive on 10-29 1936 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary of gall-bladder

Date of onset

?

Other contributory causes of importance:

Faint

Was an operation performed? yes Date of Hopkins Hosp.

For what disease or injury? Coronary of gall-bladder

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. A. Hooper M. D.
Balt. City Hosp.

OCCUPATION IS VERY IMPORTANT SEE INSTRUCTIONS ON BACK OF CERTIFICATE

V 2 - 1936

28632

F 28632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Caroline St. Ward 7-5)Length of residence in city or town where death occurred 18 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 709 N. Caroline St. Ward. 7-5
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16-19217. AGE 15 Years 7 Months 14 Days If LESS than 1 day, 1 hrs. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Alfred Frazer14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Mantlin Frazer16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT Mantlin Frazer
(Address) 709 N. Caroline St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Calvary Date Nov. 2 193619. UNDERTAKER Robert Williams
(Address) 1515 N. Liberty St.20. FILED 1936 Nov 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Oct2836

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation thyroid Date of noWhat test confirmed diagnosis? thyroid Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Allen(Address) 507 N. Broadway St.

M. D.

Cooper

OCCUPATION is very important. See instructions on back of certificate.

v 8 6

NOV 2 - 1936

F 28633

F 28633 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S Helton St ST. 20-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Ella May Brown

(a) RESIDENCE NO.

204 S Helton St ST. 20-7 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds.How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) single5a If married, widowed, or divorced HUSBAND of (or) WIFE of —6 DATE OF BIRTH (month, day, and year) May 10, 18817 AGE Years 55 Months 5 Days 20 If LESS than 1 day, — hrs. — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk in store(b) General nature of industry, business, or establishment in which employed (or employer) (department store)(c) Name of employer Chas Rosenberg & Sons9 BIRTHPLACE (city or town) Wilmington (State or country) Delaware10 NAME OF FATHER John Brown11 BIRTHPLACE OF FATHER (city or town) Delaware (State or country)12 MAIDEN NAME OF MOTHER Isabelle Johnson13 BIRTHPLACE OF MOTHER (city or town) Delaware (State or country)14 Informant Mrs Evelyn Seemer (Address) 204 S Helton St15 Date 2 NOV 19 36 Registrar Franklin W. Leitch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 1936

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 21, 1934 to Oct. 30, 1936that I last saw her alive on Oct 30, 1936and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

carcinoma of sigmoid(duration) 2 yrs. — mos. — ds.CONTRIBUTORY Cardiac failure (Secondary)(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of Nov 21, 1934Was there an autopsy? noWhat test confirmed diagnosis? operation & hand test(Signed) George H. Kump M. D.19 (Address) 3030 Edmonchem Ave

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL

St. Michaels Nov 2 193620 UNDERTAKER Franklin W. Leitch ADDRESS 814 N 36 St

FROM is very important. See instructions on back of certificates.

28634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28634

CERTIFICATE OF DEATH

18262

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 82-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Napoleon Paige

If U.S. Veteran

specify WALT

(a) Residence: No. 113 Perry St.St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Blanche Paige (or) WIFE of6. DATE OF BIRTH (month, day, year) 7/21/18967. AGE Years 40 Months 2 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/2/36 1919. UNDERTAKER Isaiah L. Brown & Son (Address) 108 W. Montgomery St20. FILED 2-1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29, 193622. I HEREBY CERTIFY, That I attended deceased from 10-27, 1936 to 10-29, 1936I last saw him alive on 10-29, 1936 Death is said to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDays of onset
2 few days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.(Signed) John F. Rainey M. D.Address Baltimore City Hospital

F 28635

F 28635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Sharp St. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ; mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Harris.(c)

If U. S. Veteran

specify WAR

(a) Residence: No. 802 S. Sharp St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | Colored | Married |

5a. If married, ~~XXXXXXXXXXXX~~
 HUSBAND of
 (of ~~XXXXXXXXXXXX~~) Mary Harris(c)

6. DATE OF BIRTH (month, day, year) July 4, 1891

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 45 | 3 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER 13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

MOTHER 15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Mary Harris(c) wife.
(Address) 121 Welcome Al.

18. BURIAL, CREMATION, OR REMOVAL

Place H.F.P. St. Date 11-2-36

19. UNDERTAKER R. C. Richardson
(Address) 112 D Union Hill Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest & autopsy and from the evidence obtained by inquest & autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal hemorrhage,

Pocket knife stab wound of the heart.

Homicide

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis autopsy as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide of injury 10/26/36

Where did injury occur? 802 S. Sharp St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pocket knife wound

Nature of injury Stab wound.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Otto H. Reinhardt M. D.
 10/29/36 1017 S. Charles St.
 (Address)

2-1936

Registrar

28636

HEALTH DEPARTMENT—CITY OF BALTIMORE

28636

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816-E-41 St., 9-1 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Philip WilsonIf U.S. Veteran specify WAR None(a) Residence: No. 816-E-41

(Usual place of abode)

St., 9-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Allen Wilson (or) WIFE of6. DATE OF BIRTH (month, day, year) June 14 - 18777. AGE Years 54 Months 5 Days 18 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glucose9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Balto Co Md (State or country)13. NAME David Wilson14. BIRTHPLACE (city or town) Balto Co Md (State or country)15. MAIDEN NAME Julia Antignette Stanton16. BIRTHPLACE (city or town) Balto Co Md (State or country)17. INFORMANT Mrs Helen Wilson (Address) 816-E-4118. BURIAL, CREMATION, OR REMOVAL Place Louisa Park Date Nov 2, 3619. UNDERTAKER W. J. Rogers & Son (Address) 1016 E. Union20. FILED NOV 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 193622. I HEREBY CERTIFY, That I attended deceased from July, 1930 to Oct 31, 1936I last saw him alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset 6 yr

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? clinicalWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) A. H. Whiston

M. D.

(Address) 4309 York Ave

28637 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28637

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Hawthorn Rd. Ward 27-14)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence No. 217 Hawthorn Rd. St., _____ Ward. _____
(If non-resident give city or town and State)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of Ella D. Baugert

6. DATE OF BIRTH (month, day, year) July 20, 1853

7. AGE Years 83 Months 3 Days 10 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1916 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Andrew Baugert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Myra Baugert
(Address) 217 Hawthorn Rd.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Place Nos. 2, 36

19. UNDERTAKER Wm. J. McKee Sons
(Address) 10th & Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936 to Oct. 20, 1936

I last saw him alive on Oct. 20, 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic nephritis

Date of onset

1

2

Other contributory causes of importance:

Myocarditis

Was an operation performed? No Date of _____

For what disease or injury? ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 _____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John S. Bishop M. D.

(Address) 12 E. 25 St.

2 - 1936

8638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Cardiff Ave. St. 76-6 Ward) 82-W

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME

George Burkhardt

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

5600 Cardiff Ave. St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredricka Burkhardt6. DATE OF BIRTH (month, day, year) Dec 21, 18607. AGE Years 75 Months 10 Days 10 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) Dalto (State or country) Ind.13. NAME George Burkhardt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Burkhardt Jr. (Address) 5600 Cardiff Ave.18. BURIAL, CREMATION, OR REMOVAL Place Cal Lane Date Nov. 4 193619. UNDERTAKER H. Sander & Sons Inc (Address) 1710 Fleet St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936, to Nov 1, 1936I last saw him alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Phlebitis
Myocardial infarction

Date of onset

1935Oct 2, 1936

Other contributory causes of importance:

Was an operation performed? None Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) George Burkhardt

M. D.

(Address) 872 S. E. Ave.

V 2 - 1936

19

Registrar

28639

HEALTH DEPARTMENT—CITY OF BALTIMORE

28639

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-8 Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

If U.S. Veteran specify WAR:

2. FULL NAME Charles C. Geckle(a) Residence: No. 605 Benninghaus Rd., Gowanstown St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna6. DATE OF BIRTH (month, day, year) 9/6/18697. AGE Years 1 Months 1 Days 25 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country)13. NAME Charles Geckle14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Church Place Nov, 4 19 St. J.19. UNDERTAKER Henry Brock (Address) 301 E. Eager St.20. FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31 193622. I HEREBY CERTIFY. That I attended deceased from 1-6 1932 to 10-31 1936I last saw him alive on 10-31 1936 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart DiseaseDate of onset 2 mos

Other contributory causes of importance:

Was an operation performed? no Date of:

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John F. Rainey(Address) Baltimore City Hospital

28640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28640

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N. Caroline St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 1127 Maynard Ave. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) Dec 7 18877. AGE Years 81 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known (State or country)13. NAME Not known14. BIRTHPLACE (city or town) Not known (State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known (State or country)17. INFORMANT Rev. Father Brown (Address) St. James Rectory18. BURIAL, CREMATION, OR REMOVAL Not known Place Not known Date Nov 3 193619. UNDERTAKER Henry H. Jones (Address) 1201 E. Jones St.20. FILED 2-1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936 to Nov 1, 1936I last saw her alive on Oct 31, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Myocardial failure

Date of onset

10/19/3610/27-36

Other contributory causes of importance:

Cerebral hemorrhage

Date of onset

10/24/36(?)Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Austray
J. J. Jones

M. D.

F 28641 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28641

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR None

2. FULL NAME

(a) Residence: No. Mount Hope Retreat St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec. 3 - 1868

7. AGE Years 67 Months 10 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Thomas Culler

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Biedentsky

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Records of Mt Hope
(Address) Mount Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Grainmount Cem Date Nov 13, 1936

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 - W - North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Oct 30 1936

I last saw him alive on Oct 30 1936 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation 6 days
Pulmonary embolus 6 days

Other contributory causes of importance:

Dementia Praecox 30 yrs.

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Darman Palayin

(Address) 3326 Harrison Ave.

V 2 - 1936

F 28642 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28642

CERTIFICATE OF DEATH

V 1-31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Grantley Road St. 15-11 Ward)

Length of residence in city or town where death occurred 9 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3502 Grantley Road St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced Widowed of William Bald (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28-1841

7. AGE 94 Years 11 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 10/31/36 11. Total time (years) spent in this occupation 95

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles Klein

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Caroline Thielbach

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charles M. Bald (Address) 4206 Jamson Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cln Date Nov. 2, 1936

19. UNDERTAKER Stewart & Mowen (Address) 108 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15- 1936 to Oct. 31- 1936

I last saw him alive on Oct. 31, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Ch. Interstitial Nephritis 1936

Ch. Myocarditis 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Spina Exsection Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

FILED 1936

28643

F 28643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Harfield Rd. St. 25-6 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.

If U.S. Veteran specify WAR

2. FULL NAME Bessie Leeper(a) Residence: No. 3307 Harfield Rd. St. 25-6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Earlie Leeper (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 6, 18967. AGE Years 40 Months 0 Days 25 11 LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 10. Date deceased last worked at this occupation (month and year) 10/2/36 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) NC (State or country)13. NAME Daniel Patterson14. BIRTHPLACE (city or town) NC (State or country)15. MAIDEN NAME Lena16. BIRTHPLACE (city or town) NC (State or country)17. INFORMANT Earlie Leeper (Address) 3307 Harfield Rd.18. BURIAL, CREMATION, OR REMOVAL Place not care of Cem Date 11/2/3619. UNDERTAKER Robert E. Williams (Address) 1815 McDaniel St.20. 11/2/36 19 11/2/36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 193622. I HEREBY CERTIFY. That I attended deceased from Oct 28, 1936 to Oct 30, 1936I last saw him alive on Oct 30, 1936 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Oct 29

Other contributory causes of importance:

Essential Hypertension?Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Harry McDonald M. D.(Address) 544 N. Carey St.

OV 2 - 1936

F 28644

F 28644 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Broadway St., 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 417 N. Broadway St., _____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Gipe6. DATE OF BIRTH (month, day, year) Dec 3, 18647. AGE Years 71 Months 10 Days _____ If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) Baltimore (State or country) Md.FATHER 13. NAME George V. Gipe14. BIRTHPLACE (city or town) China (State or country) ChinaMOTHER 15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown (State or country) unknown17. INFORMANT Emma V. Gipe (Address) 417 N. Broadway18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Nov 4, 193619. UNDERTAKER John L. Farber (Address) 3522 Greenmount20. FILED 1936 Registrar John L. Farber

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 193622. I HEREBY CERTIFY, That I attended deceased from May 21, 1936 to Nov 1, 1936I last saw him alive on October 31, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of the rectum Jan - 1936

Other contributory causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John L. Farber M. D.(Address) 3522 Greenmount

28645

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28645

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 18-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nellie J. Hoffmeyer

If U.S. Veteran

specify WAR

(a) Residence: No. *848 W. Lombard St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>William Hoffmeyer</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 15-1897</i> | | |
| 7. AGE | Years <i>39</i> | Months <i>5</i> |
| | Days <i>17</i> | If LESS than 1 day, hrs. or min. <i>16</i> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own Home</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|----|
| 21. DATE OF DEATH (month, day, year) <i>11/1/36</i> | 19 |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>9/28/36</i> 19 to <i>11/1/36</i> 19. | |
| I last saw her alive on <i>11/1/36</i> 19. Death is said to have occurred on the date stated above, at <i>12:45 p.m.</i> | |
| The principal cause of death and related causes of importance were as follows: <i>1. Gout</i> <i>2. Chronic Glomerular Nephritis</i> <i>3. Acute Suppurative Appendicitis</i> <i>4. Uremia</i> | |
| Other contributory causes of importance: | |
| Date of onset | |

| | |
|--|--|
| 12. BIRTHPLACE (city or town) (State or country) | <i>Virginia</i> |
| FATHER | 13. NAME <i>William Nottingham</i> |
| | 14. BIRTHPLACE (city or town) (State or country) <i>Virginia</i> |
| MOTHER | 15. MAIDEN NAME <i>Betty Perkins</i> |
| | 16. BIRTHPLACE (city or town) (State or country) <i>Va.</i> |
| 17. INFORMANT <i>Wm M. Hoffmeyer</i> | (Address) <i>848 W. Lombard St.</i> |
| 18. BURIAL, CREMATION, OR REMOVAL | Place <i>McClintock Cem</i> Date <i>11/3/1936</i> |
| 19. UNDERTAKER <i>John J. Corvan & Son</i> | (Address) <i>901 Hollins St.</i> |
| 20. FILED | NOV 2 - 1936 |

| | |
|---|---------------------------------|
| Was an operation performed? <i>Yes</i> | Date of <i>Oct 19, 1936</i> |
| For what disease or injury? <i>Acute Suppurative Appendicitis</i> | |
| What test confirmed diagnosis? | Was there an autopsy? <i>No</i> |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 | |
| Where did injury occur? (Specify city or town, county, and State) | |
| Specify whether injury occurred in industry, in home, or in public place | |
| Manner of injury | |
| Nature of injury | |
| 24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify | |
| (Signed) <i>Maxwell Albyllan</i> | M. D. |
| (Address) <i>University Hospital</i> | |

28646 HEALTH DEPARTMENT—CITY OF BALTIMORE

15669

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-3 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth? yrs..... mos..... ds.

2. FULL NAME William Collins

If U.S. Veteran specify WAR

(a) Residence: No. George & Mulberry Sts. St. 750 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1861 1876

7. AGE Years 60 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME Isaac 14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

15. MAIDEN NAME Margt. Waters 16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place St. Ambrose

19. UNDERTAKER (Address) V. G. Brooks 1463 N. Carey St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 1936

22. I HEREBY CERTIFY. That I attended deceased from 6-11 :36 to 10-28 1936

I last saw him alive on 10-28 1936. Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardio-vascular Renal Disease

Other contributory causes of importance: 2 yrs. at last

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D. (Address) Baltimore City Hospital

V 2 - 1936

28647 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137 F 28647

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 8-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

August Fertlier

If U.S. Vet. specify War No Record

(a) Residence: No. 1800 N. Castle St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) May 29, 1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper 0045
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gum store
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) France

13. NAME August Fertlier
14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Marie Barren
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records
(Address) Mary Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place 122 Federal Date Nov 3 1936

19. UNDERTAKER William Book
(Address) 1327 1/2 E. Pratt St.

20. FILED 1327 1/2 E. Pratt St. REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 24 1936 to Nov 1 1936

I last saw him alive on Nov 1 1936 Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia
Vasomotor collapse

Date of onset

Oct. 31

Other contributory causes of importance:

3

Was an operation performed? Yes Date of Oct 30, 1936

For what disease or injury? Benign hypertrophy of the prostate gland

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pembroke M. D.

(Address) Mary Hospital

V 7 - 1936

F 28648 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28648

CERTIFICATE OF DEATH 122B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Hamilton Ave St. 27 Ward) 4

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Brennan

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify V.A.K.

(a) Residence: No. 3300 Hamilton St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of face White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan 11-1857

7. AGE Years 79 Months 9 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (month and year) Oct 1 Balto 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ann Breannan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Ann Brickman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Otto Scherf
(Address) 2213 Homewood

18. BURIAL, CREMATION, OR REMOVAL

Lindero Park Date 11/2 1936

19. UNDERTAKER Unigum Co
(Address) 1217 S. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1936 to 10/30 1936

I last saw her alive on 10/30 1936 Death is said to have occurred on the date stated above, at 10 30 P M.

The principal cause of death and related causes of importance were as follows:

Peritonitis (peracute)

Other contributory causes of importance:
Intestinal Obstruction
Arteriosclerosis

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so specify _____

Signed Joseph S. Blum M. D.
(Address) 1206 E. Preston St

V 2 - 1936

M. 28649

F 28649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balto Eye, Ear & Throat Hosp* Registered No. *115-B*
 CITY OF BALTIMORE: (No. *14* St., *14* Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *50* mos. *50* ds. How long in U. S. If of foreign birth? *50* yrs. *50* mos. *50* ds.

2. FULL NAME *Mr Maurice Roller* MAURICE ROLLER
 (a) Residence: No. *Marlborough Apts* St., *14* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
 HUSBAND of *Emma Meyer Roller*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 14, 1866*

7. AGE Years *70* Months *4* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *?*

10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (city or town) (State or country) *Roumania*

13. NAME *Roller*

14. BIRTHPLACE (city or town) (State or country) *Roumania*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Roumania*

17. INFORMANT *Dr. A. Samuel*
 (Address) *1928 Eutaw Place*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Chel Shalom* Date *Nov. 3, 1936*

19. UNDERTAKER *David Sandheim + Son*
 (Address) *1902 Eutaw Place*
Washington, D.C.

2 • 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/1*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *10/27*, 19*36*, to *11/1*, 19*36*

I last saw him alive on *11/1*, 19*36* Death is said to have occurred on the date stated above, at *10:30* a.m.

The principal cause of death and related causes of importance were as follows:

Ludwigs Angina.

Date of onset

10/19/36

Other contributory causes of importance:

Chl Myocarditis

Name of operation *Excision of Myocardia* Date of *10/28/36*

What test confirmed diagnosis? *Chenal* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed *Edwin K. Rudolph Jr.* M. D.
 (Address) *1214 Eutaw Place*

Registrar.

F 28650

F 28650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Linden Ave. St. 1st - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Mary Horowitz (Harris)

(a) Residence: No.

1716 Linden Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sam Horowitz (Harris)

6. DATE OF BIRTH (month, day, year) About 1874

7. AGE

About

Years

Months

Days

If LESS than
1 day, hrs.
or min.

62

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Austria

FATHER

13. NAME

----- Friedman

14. BIRTHPLACE (city or town) (State or country)

Austria

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Austria

17. INFORMANT

Mr. A. Rifman

(Address)

Munsey Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship

Date Nov. 2, 1936

19. UNDERTAKER

(Address)

1902 Euteria Place

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Charles S. Kestadt

M. D.

(Address)

1730 Linden Ave

Registrar

FILED

F 2 - 1936

28651

F 28651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* Ward)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Emma Atkinson*

If U. S. Veteran

specify WAR

(a) Residence: No. *1200 - Valley*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Thomas S. Atkinson* (or) WIFE of6. DATE OF BIRTH (month, day, year) *4 June 1842*7. AGE Years *94* Months *4* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Committsburg Co., Ind.*13. NAME *Lepton Huntz*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Martha Martin*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup.* (Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Nov. 2* 193619. UNDERTAKER *Rita Windefeld* (Address) *914 Greenmount Ave*20. FILED *2-1936* 21. *Huntington* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *October 31, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Aug* 1935 to *Oct 31* 1936I last saw him alive on *Oct 31* 1936. Death is said to have occurred on the date stated above, at *7:30 A.* m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Other contributory causes of importance:

Arterio Sclerosis
Stenosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Wm. C. Barker*

M. D.

(Address) *1114 Harbor Ave*

28652

F 28652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4* Ward)Registered No. *23*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *yes* mos. *4* ds. How long in U. S. If of foreign birth? yrs. *4* mos. *4* ds.

2. FULL NAME

Mrs. *Mary Long Bottom*
(a) Residence: No. *7810 Hartford Rd.* St. *Baltimore* Ward. *Baltimore*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Brace Long Bottom*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 16 1910*7. AGE Years *26* Months *2* Days *18* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) *1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *George Bottom*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Ann McNair*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Husband*(Address) *7810 Hartford Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *Nov. 3, 1936*19. UNDERTAKER *Willa Wiedfeld*(Address) *914 Greenmount Ave*
Thimbleton Baltimore

V 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *10-30-1936*22. I HEREBY CERTIFY, That I attended deceased from *10-27-36* to *10-30-36*I last saw her alive on *10-30-36* Death is said to have occurred on the date stated above, at *9:40 AM*

The principal cause of death and related causes of importance were as follows:

Pneumonia
atletica

Date of onset

*10-29-36**10-30-36*

Other contributory causes of importance:

*Tuberculosis*Was an operation performed? *Yes* Date of *10-29-36*For what disease or injury? *Tuberculosis*What test confirmed diagnosis? Was there an autopsy *Yes*23. If death was due to external causes (violence) fill in also the following: *10*Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Laurie A. Miller* M. D.(Address) *Mercy Hospital*

28653

F 28653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13847

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 72-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 72 yrs. 0 mos. 0 ds.

If U.S. Veteran specify WAR

2. FULL NAME George Scale(a) Residence: No. 521 S. Sharp St. St. 72-1 Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) 12/25/18587. AGE 77 Years 10 Months 4 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England (State or country)13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 401 Y Cross St. Date 11/3/36 1919. UNDERTAKER (Address) John J. Foley, 1318 Light St.20. FILED NOV 2 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 193622. I HEREBY CERTIFY, That I attended deceased from 4-27, 1936, to 10-29, 1936I last saw him alive on 10-29, 1936. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas with metastases

Date of onset

2 or 3 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in along the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John L. Rainey(Address) Baltimore City Hospital

28654

HEALTH DEPARTMENT—CITY OF BALTIMORE

28654

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital* Registered No. *13-B*
 CITY OF BALTIMORE: (No. *33rd & Calvert St. 2-2*)
 Length of residence in city or town where death occurred.....yrs. *6* mos.ds. How long in U. S. If of foreign birth?yrs.mos.ds.
 2. FULL NAME *Theodore Lett*
 (a) Residence: No. *1832 Bank* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>WHR</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 3a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Apr. 14-1936</i> | | |
| 7. AGE | Years <i>6</i> | Months <i>17</i> |
| | Days <i>17</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/1*, 19*36*
 22. I HEREBY CERTIFY, That I attended deceased from *10/15/36* to *11/1*, 19*36*
 I last saw him alive on *11/1*, 19*36* Death is said to have occurred on the date stated above, at *10:50 A.M.*

The principal cause of death and related causes of importance were as follows:

*dysentery
bacillary (shiga)*

Date of onset
10/12/36

Other contributory causes of importance:

Bronchial pneumonia

10/17/36

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *stool culture* Was there an autopsy? *yes*
 23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: *no*
 (Signed) *W. B. Smith*, M. D.

(Address) *Union Mem. Hosp.*

FILED
 NOV 2 - 1936

F 28655

F 28655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 26-9 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Anna E. Fisher(a) Residence: No. 3403 Elliott St. St. 26-9 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lee R. Fisher
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 10/18967. AGE Years Months Days
40 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Peter Behner
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Susaina Pfeifer
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Lee R. Fisher (Hus.)
(Address) 3403 Elliott St.18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov. 3, 193419. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. W. St.20. FILED 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) inquestobtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary embolism

Other contributory causes of importance:

Right chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. V. V. V.

Coroner M. D.

(Address) 101 S. E. St.

28656

F 28656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 Cambridge St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2128 Cambridge St., 1-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Rose Fleischman
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 19 1874
7. AGE Years 62 Months 7 Days 12 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill
10. Date deceased last worked at this occupation (month and year) Sept 17 1936 11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Balti
(State or country) md.13. NAME George Fleischman
14. BIRTHPLACE (city or town) Balti
(State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs Rose Fleischman
(Address) 2128 Cambridge St.18. BURIAL, CREMATION, OR REMOVAL
Place 74th Redwood Ave Nov 3 193619. UNDERTAKER Frank Luchy & Son
(Address) 1906 Ashland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 193622. I HEREBY CERTIFY. That I attended deceased from Sept 18 1936, to Oct 31 1936I last saw him alive on Oct 31 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis
Tubercular Pneumonia
Myocardial Failure

Date of onset

Sept 18
Oct 31

Other contributory causes of importance:

NoneWas an operation performed? None Date of

For what disease or injury?

Name of operation Autopsy Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signature) E. Schuman M. D.(Address) 842 S. East Ave.

2-1936

F 28657 HEALTH DEPARTMENT—CITY OF BALTIMORE
 CERTIFICATE OF DEATH

F 28657

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Linden Ave. St. 14 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sairlla Kercher Firestine

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 1632 Linden Ave. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) V

5a. If married, widowed, or divorced HUSBAND of John Wolf Firestine (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3, 1860

7. AGE 76 Years 9 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jonestown, Pa. (State or country)

13. NAME David Kercher

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Elizabeth Firestine

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Cora K. Engeman (Address) 1632 Linden Ave. City

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge (Csm. Date Nov. 2, 1936)

19. UNDERTAKER John Mitchell (Address) 1900 Eutaw Place, City

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 23, 1936 to Oct. 30, 1936

I last saw him alive on Oct. 30, 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

① Chronic pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

① Acute myocarditis

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Chas. S. Kerstodt M. D.

(Address) 1730 Linden Ave. City

V 2 - 1936

F 28658

28658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 24-1 Ward)

2. FULL NAME

(a) Residence: No. 1505 E. Clement St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. Color or Race

white5. Single, Married, Widowed,
or Divorced (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 10 1911

7. AGE

19

Months

7

Days

20If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

Stanislaus Wojciechowski14. BIRTHPLACE (city or town)
(State or country)Poland

15. MAIDEN NAME

Julia Buzarski16. BIRTHPLACE (city or town)
(State or country)Poland

17. INFORMANT

(Address)

241 Julia Wojciechowski

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy RosaryDate Nov 3 1936

19. UNDERTAKER

(Address)

John W. Weber

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

10-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 15, 1936, to Oct. 30, 1936I last saw her alive on Oct. 30, 1936. Death is saidto have occurred on the date stated above, at 6 a.m.The principal cause of death and related causes of
importance were as follows:Chronic appendicitis
craniom. cyst (Rt)

Date of onset

Other contributory causes of importance:

Peritonitis and myocarditis

Name of operation

coelomectomy

Date of

What test confirmed diagnosis? exam. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William Horvath

(Address)

Franklin Square Hospital

M. D.

F 28659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28659

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Washington Street 2-1 Ward)Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Wanda Janczewski(a) Residence: No. 241 S. Washington Street St., 2-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 82-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Stanislaus Janczewski
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan .11 18867. AGE Years 50 Months 9 Days 20 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Joseph Cwalina14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Aleksandra Maliszewska16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mr. Stanislaus Janczewski
(Address) 241 S. Washington Street

18. BURIAL, CREMATION, OR REMOVAL

P. St Stanislaus Date Nov 3 193619. UNDERTAKER John M. Weber
(Address) 401 S. Chester

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936, to Oct 31, 1936I last saw her alive on Oct 31, 1936 Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Apoplexy (Cerebral Hemorrhage)
Broncho Pneumonia

Date of onset

Oct 23

Other contributory causes of importance:

Hypertension

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Leo J. Kulacki M. D.
126 S. Patterson Pl. Ar.

IV 2 - 1936

17893

F 28660

28660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Phyllis Shirley Talbert

If U.S. Veteran
specify WAR

(a) Residence: No.

2521 Druid Hill Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|---|
| 3. SEX F | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word). Single |
|-------------|-----------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-9-1936

| | | | | |
|----------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 5 months | | 5 | 19 | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME Arthur

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME Helen Johnson

16. BIRTHPLACE (city or town)
(State or country)

Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. West Chapel Date Oct. 31 193619. UNDERTAKER
(Address)

Commissioner of Health

Per R. A. Moore

2 - 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from
10/13/36 19 to 10/26/36 19I last saw her alive on 10/26/36 19 Death is said
to have occurred on the date stated above, at 10⁰⁰ a.m.The principal cause of death and related causes of
importance were as follows:

Broncho pneumonia

Date of onset
10/9/36

Other contributory causes of importance:

Prematurity
Malnutrition5/9/36
4/9/36

Was an operation performed?

no

Date of

For what disease or injury?

What test confirmed diagnosis? May Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

R. B. Jones

Baltimore City Hosp

M. D.

28661

F 28661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. *13* mos. *13* ds. How long in U. S. If of foreign birth? *13* yrs. *13* mos. *13* ds.

2. FULL NAME

(a) Residence: No. *Grasonville, Md.* St., *Grasonville, Md.* Ward. *Grasonville, Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 25, 1936*7. AGE Years *0* Months *5* Days *76* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Grasonville, Maryland* (State or country)FATHER 13. NAME *Walton Blunt*14. BIRTHPLACE (city or town) *Maryland* (State or country)MOTHER 15. MAIDEN NAME *Miss Pearl A. Hammond*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mother* (Address) *Grasonville, Maryland*18. BURIAL, CREMATION, OR REMOVAL Place *Love Park Md.* Date *11/2/36*19. UNDERTAKER *E. J. Ganning* (Address) *1938 E. Lafayette Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 1, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 18, 1936* to *Nov. 1, 1936*I last saw him alive on *Nov. 1, 1936*. Death is said to have occurred on the date stated above, at *7:40 A.M.*

The principal cause of death and related causes of importance were as follows:

*Secondary Biliary Bronchiectasis*Date of onset *12/1/36*
12/31/36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *S. D. Simons* M. D.
(Address) *Union Memorial Hospital*

2-1936

M. D. B. 1268-9
28662

F 28662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Lession St., 17-1 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. 702 Lession St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Anderson

6. DATE OF BIRTH (month, day, year) Jan. 22 1901

7. AGE 35 Years 9 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manuscript

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Lee Bibbs

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Carrie Hill

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Harry Anderson (Address) 702 Lession St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov 2, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 3228 S. ... St.

20. 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11:30 PM

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. ... M. D.

(Address) 1215 ...

OCCUPATION is very important. See instructions on back of certificate.

28663

F 28663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Branford (18289)(a) Residence: No. 923 Peach Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 11, 19087. AGE Years 28 Months 6 Days 19 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto.
(State or country)FATHER 13. NAME Bill14. BIRTHPLACE (city or town) Ma.
(State or country)MOTHER 15. MAIDEN NAME Irene Thomas16. BIRTHPLACE (city or town) Ma.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 3, 193619. UNDERTAKER Mr. Katie R. Williams
(Address) 322 N. Howard St.20. FILED 2-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 193622. I HEREBY CERTIFY, That I attended deceased from October 28, 1936 to October 30, 1936I last saw her alive on October 30, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset
Sept. 1936

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If yes, specify

(Signed) Leon H. Feldman M. D.(Address) Baltimore City Hospitals

28664

F 28664

HEALTH DEPARTMENT—CITY OF BALTIMORE

18012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 14-2 St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U.S. Veteran

specify WAR

2. FULL NAME Barbara Henderson(a) Residence: No. 632 Mosher St. St. 14-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-13-19367. AGE Years 7 Months 18 Days 18 If LESS than 1 day,.....hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Gordon Rozelle14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME Rosetta Henderson16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL. Place Not Buried Date 11/3/3619. UNDERTAKER Wm A Jackson (Address) 916 Remond20. FILED 2-1936 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31- 193622. I HEREBY CERTIFY. That I attended deceased from 10-18 1936 to 10-31 1936I last saw her alive on 10-31 1936. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Parotid Gland Boilery Infection Date of onset 10-15-36
Bronchopneumonia 10-25-36

Other contributory causes of importance:

Otitis media 10-15-36Was an operation performed? No Date of 10-30-36
For what disease or injury? Bilateral mastoiditisWhat test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. S. Jones M. D.
Baltimore City Hospital

28665

F 28665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 W. 1st St. 3rd Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cel 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther M. Gullberg6. DATE OF BIRTH (month, day, year) 18897. AGE 47 Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Performer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) MD13. NAME Wm. Gullberg14. BIRTHPLACE (city or town) W. G.
(State or country) _____15. MAIDEN NAME Fannie Gullberg16. BIRTHPLACE (city or town) W. G.
(State or country) _____17. INFORMANT Ella D. Gullberg(Address) 1050 W. 1st St. 3rd

18. BURIAL, CREMATION, OR REMOVAL

Place St. George's19. UNDERTAKER St. George's

(Address) _____

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence obtained by _____ (Inquest, Autopsy or Inquiry)

_____ and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral ThrombosisOct 30 31

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation Washing Date of _____What test confirmed diagnosis? _____ Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) George S. Allen(Address) 507 Annapolis St.

M. D.

28666 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28666

CERTIFICATE OF DEATH

17469

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 27 yrs. 0 mos. 0 ds.

2. FULL NAME

Joseph Gajka

(a) Residence: No. Homeless St. Homeless Ward. Homeless
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894 ?
7. AGE Years 52? Months 0 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Peter D. Gajko

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Mary Koszsko

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL buried Date Nov. 2, 1936
Place St. Mary's

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26-1936 to 10-31-1936

I last saw him alive on 10-31-1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

coronary thrombosis

Date of onset 10-31-36

Other contributory causes of importance:

venous stasis

5 yrs

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) C. L. Branigan

(Address) Baltimore City Hosp.

2-1536

2712 RMA

18073

F 28667

28667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Bedford

U. S. Veteran

Specify WAR

(a) Residence: No. 1817 Orleans St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|--|
| 3. SEX <u>M</u> | 4. Color or Race <u>B</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|--------------------|------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6-27-36

| | | | | |
|-----------------|----------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>4 months</u> | <u>0</u> | <u>3</u> | <u>28</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME John Fowler14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Marie Bedford16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Unw. of Md. Date Nov 2 193619. UNDERTAKER Commissioner of Health
(Address)Per H. A. Moore

20. FILED

2-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25 193622. I HEREBY CERTIFY, That I attended deceased from 10-20 1936, to 10-25 1936I last saw him alive on 10-25 1936. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Parental Diarrhea
Broncho PneumoniaDate of onset
10-15-36
10-23-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. B. Jossey
Baltimore City Hospital

M. D.

2713 A

F 28668

F 28668 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Clement 23-1 Ward)Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth Messy(a) Residence: No. 106 N Clement St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Messy6. DATE OF BIRTH (month, day, year) Sept. 26 18577. AGE 79 Years Months Days 1 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME Everhardt, Muhlly.14. BIRTHPLACE (city or town) (State or country) Germany.15. MAIDEN NAME not known16. BIRTHPLACE (city or town) (State or country) Germany.17. INFORMANT John H Messy(Address) 106 N Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-4 193619. UNDERTAKER Mrs Chas A. G Rohde(Address) 2327 Edmondson ave

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 193622. I HEREBY CERTIFY, That I attended deceased from Oct 19 1936 to Nov 1 1936I last saw her alive on Nov 1 1936 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

cardiac embolus

Date of onset

Other contributory causes of importance:

arterio-sclerosis2 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Were there an autopsy? 40

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

F 28669

F 28669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 9-7 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Ruth Anne Bonsal

(a) Residence: No. _____

GrantMd.

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Sept 9, 1934

7. AGE

Years

2

Months

1

Days

24

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Grant Md

FATHER

13. NAME

Wilbur Bonsal

14. BIRTHPLACE (city or town) (State or country)

Baltimore County Md

MOTHER

15. MAIDEN NAME

Ruth Johnson

16. BIRTHPLACE (city or town) (State or country)

Grant Md

17. INFORMANT

(Address)

FatherLive

18. BURIAL, CREMATION, OR REMOVAL

Place

St Thomas Ch Date Nov. 4 1936

19. UNDERTAKER

(Address)

Easton Jones2116 1/2 E. 1st StStingington Baltimore Md

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 193622. I HEREBY CERTIFY. That I attended deceased from Oct 31, 1936, to Nov 2, 1936I last saw her alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 12 5/2 p.m.

The principal cause of death and related causes of importance were as follows:

Surgery - tracheo-bronchitis (streptococcus)

Date of onset

10-29-36

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

Culture

Date of _____

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signature) Francis J. Schwicker M. D.

(Address) _____

F 28670

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28670

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore Md.
CITY OF BALTIMORE: (No. St. 17-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen W. Somers

If U.S. Veteran
specify WAR

(a) Residence: No. Crisfield, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Bertha Nelson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1888

7. AGE Years 48 Months 5 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster dredger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 10-18-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield
(State or country) Maryland

13. NAME James Somers

14. BIRTHPLACE (city or town) Diels Island
(State or country) Md.

15. MAIDEN NAME Edith Hoffman

16. BIRTHPLACE (city or town) Diels Island
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield, Md. Date Nov. 2, 1936

19. UNDERTAKER John A. Bradshaw
(Address) Crisfield, Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1936

22. I HEREBY CERTIFY That I attended deceased from October 29, 1936, to November 2, 1936

I last saw him alive on November 2, 1936 Death is said to have occurred on the date stated above, at 4:20a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, acute,
broncho-pneumonic, bilateral
Tuberculosis of larynx

Date of onset

July '36
Sept. '36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. M. N. a. d. m.

M. D.

(Address)

U.S. Marine Hospital

V 2 - 1936

28671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28671

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Harlem Ave 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Annie Wolf

1930 Harlem Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, ~~widowed or divorced~~ HUSBAND or George A. Wolf (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 54 Years 1 Months 3 Days If LESS than 1 day, hra. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Baltomd

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

George A. Wolf
1930 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 4th 1936

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936 to Nov 1st, 1936I last saw her alive on Oct 31, 1936 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Mar. 1936

Other contributory causes of importance:

Chr. Myocarditis

1934

Was an operation performed? no Date of -

For what disease or injury?

Name of operation Pharynx & Larynx Exsection Date of 20

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Paul Brown M. D.
1663 W. North St.

V 3 - 1936

✓ F 28672

F 28672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2678 Eagle St., 70-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds. _____

2. FULL NAME

(a) Residence: No. 2678 Eagle St., _____ Ward.If U. S. Veteran specify WAR No Record

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 1 - 19367. AGE Years _____ Months 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) MDFATHER 13. NAME William A. Pratt14. BIRTHPLACE (city or town) Balto (State or country) MDMOTHER 15. MAIDEN NAME Bertha Thompson16. BIRTHPLACE (city or town) Baltimore (State or country) MD17. INFORMANT William A. Pratt (Address) 2678 Eagle St.18. BURIAL, CREMATION, OR REMOVAL Place Wood Lane Date Nov 3rd 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above, 11 a.m.The principal cause of death and related causes of importance were as follows: Sept 30 1936 Date of onset Acute Broncho Pneumonia

Other contributory causes of importance:

Gastro Intestinal InflammationWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Phillips M. D.(Address) 1939 Edmond Ave

NOV 3 - 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28673

28673

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 12-4* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *212 E. 20th Street* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *November 1 - 1936*

7. AGE Years Months Days If LESS than 1 day, 13 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Frederic Carrelli*14. BIRTHPLACE (city or town) *Italy* (State or country)15. MAIDEN NAME *Josephine Mary Pennera*16. BIRTHPLACE (city or town) *Thompsonville* (State or country) *Conn.*17. INFORMANT *Mrs. Josephine Carrelli* (Address) *212 E. 20th Street*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Nov 3rd* 19*36*19. UNDERTAKER *Wm. Cook* (Address) *1217 St Paul St*20. FILED *1936* 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 2, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1* 19*36* to *Nov. 2* 19*36*I last saw ~~him~~ alive on *Nov. 1* 19*36*. Death is said to have occurred on the date stated above, at *4:30* a.m.

The principal cause of death and related causes of importance were as follows:

*Congenital atelectasis*Date of onset *11/1/36*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Hugh B. McHally* M. D.(Address) *Univ. Hosp.*

28674

HEALTH DEPARTMENT—CITY OF BALTIMORE 28674

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Wilton St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna F. Schneider

If U.S. Veteran specify War

No Record

(a) Residence: No.

1611 N. Wilton

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX French 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

(or) WIFE of

John Louis Schneider

6. DATE OF BIRTH (month, day, year)

Feb 18th 1885

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

51

8

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Pensacola Fla.

FATHER MOTHER

13. NAME

Ole Fredrikson

14. BIRTHPLACE (city or town) (State or country)

Norway

15. MAIDEN NAME

Rosina Dunn

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

John Louis Schneider
1611 N. Wilton St

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto

Date

Nov 4th 1936

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct 31st 193622. I HEREBY CERTIFY That I attended deceased from June 1st 1935 to Oct. 31st 1936I last saw him alive on Oct. 31st 1936 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

menstrual
pulmonary thrombo
coronary occlusion

Date of onset

7th

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed)

(Address)

Dr. H. H. Magnus
141 E. Read St
Vernon 2689

OV 3 - 1936

F 28675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28675

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2753 Mosher St. 16-6 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Martin Schultz(a) Residence: No. 2753 Mosher St., 16-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran No Record
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Elizabeth Schultz6. DATE OF BIRTH (month, day, year) May 15th 18857. AGE Years 51 Months 5 Days 16 If LESS than 1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Chicago Ill.
(State or country)FATHER 13. NAME Frank Schultz14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Eva Layman16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs Elizabeth Schultz
(Address) 2753 Mosher St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 4th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 193622. I HEREBY CERTIFY, That I attended deceased from October 27, 1936, to October 31, 1936.
I last saw him alive on October 31, 1936 Death is said to have occurred on the date stated above, 130 P.

The principal cause of death and related causes of importance were as follows:

1. Pulmonary Tuberculosis

Date of onset

June 1936

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Sam Ashman M. D.(Address) 1201 Poplar Ave St

28676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28676

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Sheper St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 526 S. Sheper St., 1-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eatherine Eckert6. DATE OF BIRTH (month, day, year) Dec. 23-18627. AGE Years 23 Months 11 Days 8 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lines man 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.
10. Date deceased last worked at this occupation (month and year) Dec. 30, 1936 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto.
(State or country) Md.FATHER 13. NAME Ludwig Eckert
14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Wilhelmina Domaner
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT August Eckert
(Address) 526 S. Sheper St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn (Date) Nov. 3/3619. UNDERTAKER C. Miller & Son
(Address) 4 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Oct 31, 1936.I last saw him alive on Oct 30, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Heart attack Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Mohr
301 S Ellwood An

M. D.

F 28676

F 28677

F 28677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital 7-3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. *711 S. Bond*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male White Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 16 - 1879

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*57**4**15*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Joseph Pesek

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Mary Creth

16. BIRTHPLACE (city or town) (State or country)

Bohemia

17. INFORMANT (Address)

*Joseph E. Phillips
733 N. Milton*

18. BURIAL, CREMATION, OR REMOVAL

Place *National Cem.* Date *Nov. 3/36*

19. UNDERTAKER (Address)

*E. Miller & Son
2234 Jefferson St.*

20. FILED

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 31, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Acute alcoholism
& exsanguination*

Other contributory causes of importance:

Chronic alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. M. Wright

Coroner

M. D.

1010 S. Ellwood Ave

28678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Morling Ave Ward 3-8)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

Frank H. Beck
(a) Residence: No. 1319 Morling Ave St. 3-8 Ward. 3-8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Mollie Beck (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17, 1876

7. AGE 60 Years Months Days 14 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md. (State or country)

13. NAME David W. Beck

14. BIRTHPLACE (city or town) md. (State or country)

15. MAIDEN NAME Eliza Bowen

16. BIRTHPLACE (city or town) md. (State or country)

17. INFORMANT Mollie Beck (Address) 1319 Morling Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Nov 3, 1936

19. UNDERTAKER Chenoweth (Address) 3615-17 Chestnut St

20. FILED 3-1550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 10-30-36
Arterio Sclerosis
Aortic Regurgitation

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy? no

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. J. Henderson M. D. Coroner

(Address) Coroner

28679

HEALTH DEPARTMENT—CITY OF BALTIMORE

28679

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-15 Ward)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME Sarah E. Walters

If U.S. Veteran specify WAR

(a) Residence: No. 1500 Cold Spring Lane St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HARRY

6. DATE OF BIRTH (month, day, year) 1/2/1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 85 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Ferdinand Stevens

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Redmen

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date 11-3-1936

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-1936

22. I HEREBY CERTIFY. That I attended deceased from 9-10-1936 to 11-1-1936

I last saw h. e. r alive on 11-1-1936 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Diarrhoea - non specific

Date of onset 2 days

Other contributory causes of importance:

Cerebral Hemorrhage

12 hrs

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John L. Rainey M. D. Baltimore City Hospital

V 3 - 1936

✓ F 28680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179108 Registered No. 28680

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stokes

If U.S. Veteran specify WAR

(a) Residence: No. 300 W. 28th Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-31-1917

7. AGE Years 19 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME William Stokes

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Lillie Gwyn

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMAINS

19. UNDERTAKER (Address) 818 Drump Street

20. REGISTERED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1936 to 11-1 1936

I last saw him alive on 11-1 1936 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 3-24-36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

286813

F 28681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Johnson(a) Residence: No. 343 Hillen Rd. St.,Ward. Towson Md
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) -5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -6. DATE OF BIRTH (month, day, year) 4-22-367. AGE Years Months Days If LESS than 1 day, hrs. or min. 6 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)13. NAME Aquila14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Helen Berry16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Phosang Park Cemetery Date Nov 3 1936

19. UNDERTAKER

(Address) Archibald B. Giddis
2101 McCall St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 193622. I HEREBY CERTIFY, That I attended deceased from Oct 30 1936 to Nov 1 1936I last saw him alive on Nov 1 1936 Death is said to have occurred on the date stated above, at 230 A m.

The principal cause of death and related causes of importance were as follows:

Bacillary DysenteryDate of onset Oct 30

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Irving Rosenbaum, Jr. M. D.(Address) Johns Hopkins Hospital

OV 3 - 1936

M. D. B. 12694
28682

✓ F 28682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1546 N. Fulton St. 15 Ward)Registered No. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 30 yrs. 0 mos. 0 ds.

U. S. Veteran

specify WAR

2. FULL NAME Jacob Silberman(a) Residence: No. 1546 N. Fulton St. 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Sarah
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 50 Months Days If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Russid
(State or country)FATHER 13. NAME Jacob Silberman14. BIRTHPLACE (city or town) Russid
(State or country)MOTHER 15. MAIDEN NAME Rachael Silberman16. BIRTHPLACE (city or town) Russid
(State or country)17. INFORMANT David Silberman
(Address) 1546 N. Fulton18. BURIAL, CREMATION, OR REMOVAL
Place Not Known Date 11/3/3619. UNDERTAKER Jacob Lerner Inc
(Address) 1439 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above about 8:40 am

The principal cause of death and related causes of importance were as follows:

Date of onset

Strung self with belt, around neck

Other contributory causes of importance:

Stomachicly changed, not tried same before.
Was an operation performed

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide suicide Date of injury 11/2, 1936Where did injury occur? in store 4127 N. Calver St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place in business placeManner of injury hanging self with beltNature of injury " "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Ann

Coroner

M. D.

(Address) 1215 Harman

FILED 1936

F. 1936

Registrar

F 28683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17/8 n. mount St. 15-2 Ward)

Length of residence in city or town where death occurred 28 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 17/8 n. mount St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wesley

6. DATE OF BIRTH (month, day, year) 11-3-1881

7. AGE Years 54 5-5 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) White Hall (State or country) N.C.

13. NAME John Sharpless

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT John Wesley (Address) 17/8 n. mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/3 1936

19. UNDERTAKER Thomas E. Kelan (Address) 12030 Reservoir St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936 to Oct. 31, 1936

I last saw him alive on Oct. 31, 1936 Death is said to have occurred on the date stated above, at 2a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 10-30-36 3 hrs.

Other contributory causes of importance:

Cardio-Renal-Vascular Disease

2 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George C. Bager D.

(Address) 18/6 n. mount St.

F 28684

✓ F 28684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 McKewin

Ave. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 4 da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran None specify WAR

2. FULL NAME John L. Gith

(a) Residence: No. 725 McKewin

Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Desdemona Gith (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1876

7. AGE 59 Years 11 Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Register Clerck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Caus. Co. 8009
10. Date deceased last worked at this occupation (month, day, year) Sept. 14, 1936 11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John Gith 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna D. Cole 16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Desdemona Gith (Address) 725 McKewin Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Nov. 4, 1936

19. UNDERTAKER H. W. Ehlen (Address) 1944 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936 to Nov 1, 1936

I last saw him alive on Oct 31, 1936 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Cardiac Disease (mitral insufficiency) Date of onset 7 yrs

Other contributory causes of importance:

Cardiac Decompensation Oct 30 1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Morris B. Green M. D. (Address) 5543 Harford Rd Baltimore Md.

FILED

1936

19

Registrar

28685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28685

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 W. Franklin St., St. 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen E. Burkins,

(a) Residence: No. 1904 W. Franklin St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Granville S. Burkins, (or) WIFE of

c. DATE OF BIRTH (month, day, year) May 7, 1878

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 58 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(1. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME James Evans,

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Ida L. Staniford,

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Granville S. Burkins (Address) 1904 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL NOV 4 1936 Place Woodlawn Cem. Date

19. UNDERTAKER Geo. W. Little (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1936

I last saw her alive on November 14, 1936 Death is said to have occurred on the date stated above, at 2:51 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Hypertension

Date of onset

1933

Other contributory causes of importance:

Cardiac Decompensation

Date of onset

Oct 25

Was an operation performed? No Date of

Name of operation Clinical Examination Date of No

What test confirmed diagnosis? Was there an autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify (Signed) George M. Little (Address) 2436 Maryland Ave M. D.

1936

28686

F 28686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6011 Prescott Ave. 12-1-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 6011 Prescott Ave. 12-1-2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

✓ F 28687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E. 30th St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2010 E. 30th St. St. Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of Anna B. Butler (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Nov. 8 / 1875 | | |
| 7. AGE 60 | Years 11 | Months 23 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notionary Business | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936 to Nov 1, 1936
I last saw him alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 5:15 A. m.

The principal cause of death and related causes of importance were as follows:

Phonetic Anemia

Date of onset

10/27

Other contributory causes of importance:

Ch. Bronch asthma

1920

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

MD

If so, specify

(Signed)

(Address) 2700

Trill

J. Kimzey

M. D.

Hartford Ave

12. BIRTHPLACE (city or town) (State or country)

Balto.

13. NAME

John Butler

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Anna Mehr

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Anna B. Butler
2010 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn

Date

Nov. 3 36

19. UNDERTAKER

(Address)

Philip Fernig Sons
2016 Calver St

3-1936

Henington Williams

28688

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 28688

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Lake & Roland Ave - 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Fritz

If U.S. Veteran
specify WAR

(a) Residence: No.

Lake & Roland Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
H. White
5. Single, Married, Widowed, or Divorced (write the word)
Widow.6a. If married, widowed or divorced
HUSBAND of Ernest Fritz
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11/1842

7. AGE
Years 94
Months 9
Days 1
If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country)
Germany13. NAME
Unknown14. BIRTHPLACE (city or town) (State or country)
Unknown15. MAIDEN NAME
Elizabeth Luft16. BIRTHPLACE (city or town) (State or country)
Unknown17. INFORMANT
Mrs. Carrie Kaum
(Address) Lake & Roland Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Nov. 4, 193619. UNDERTAKER
Wm. McHugh Sons
(Address) North & Reister.20. FILED
3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 18th 1936, to Nov. 2nd 1936.I last saw him alive on Nov. 1st 1936. Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

acute fibril Bronchitis

Date of onset

Oct 18 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. M. Wabney M. D.

(Address) Ruston, Md.

28689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28689

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S. Dean

St. 76-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME William B. Crist

(a) Residence: No. 809 S. Dean

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1/1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME William Crist

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Catherine Mackssy

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT William Crist. (Father) (Address) 809 S. Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 3, 1936

19. UNDERTAKER Lilly & Greiner 4635 Wolfe St.

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1936, to November 1, 1936

I last saw him alive on November 1, 1936. Death is said to have occurred on the date stated above, at 11/45 Pm.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis

Date of onset

10/26-1936

Other contributory causes of importance:

Pylorospasm

10/1-1936

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

John H. Smith, M.D. 3522 Greenmount Avenue

1-CAON

F 28690

28690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 11-4 Ward)Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Robert Chaney 305 W. Hoffman St., Ward. (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed or divorced HUSBAND of (nr) WIFE of Miriam Chaney6. DATE OF BIRTH (month, day, year) 18747. AGE 62 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Arlington Md (State or country)13. NAME Louis Chaney 14. BIRTHPLACE (city or town) Kentucky (State or country)15. MAIDEN NAME Mary Ellen Scott 16. BIRTHPLACE (city or town) Bare Hill Md (State or country)17. INFORMANT Susan Johnson (Address) 414 Railroad Ave Towson Md18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Ceme Date 11-4-193619. UNDERTAKER Byron + Miriam W. Knight (Address) 211 McElderry St20. FILED V 3-1865

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 1 193622. I HEREBY CERTIFY. That I attended deceased from Oct 26, 1936 to NOV. 1 1936I last saw him alive on NOV. 1 1936 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer

Date of onset

Other contributory causes of importance:

Generalized peritonitisWalled off sub-phrenic abscessWas an operation performed? Yes Date of 10/30/36For what disease or injury? Sub-phrenic abscessWhat test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Morris J. Nicholson M. D.(Address) University Hosp

F 28691

F 28691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident* St. *14* Ward *119*)Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *2* mos. *3* ds. How long in U. S. If of foreign birth? *7* yrs. *2* mos. *3* ds.

2. FULL NAME

*Joseph Bruce*If U. S. Veteran
specify WAR(a) Residence: No. *Towson, Md*

(Usual place of abode)

St., *Towson* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*8a. If married, widowed or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar. 29, 1936*7. AGE Years *7* Months *3* Days *3* If LESS than 1 day, hrs. *3* or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Towson Md*13. NAME *Adam Bruce*14. BIRTHPLACE (city or town) (State or country) *Towson Md*15. MAIDEN NAME *Virginia Bolding*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Byron Wright*(Address) *1218 McElderry St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Pleasant Rest Cemo* Date *11-3-* 19*36*19. UNDERTAKER *Byron Wright*(Address) *1218 McElderry St*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-1-36*22. I HEREBY CERTIFY, That I attended deceased from *10-29-* 19*36* to *11-1-* 19*36*I last saw being alive on *11-1-* 19*36* Death is said to have occurred on the date stated above, at *11-1-* m.

The principal cause of death and related causes of importance were as follows:

Acute Gastrointestinal indigestion (summer diarrhea)

Date of onset

10-29-36

Other contributory causes of importance:

Bronchopneumonia

Date of onset

*10-29-36*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *W. H. H. H.*(Address) *515 Mosher St*

M. D.

28692 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28692

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S. Stricker St. 14-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds. If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence No. 340 S. Stricker St., _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Katherine Wickking Joyce (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) June 24, 1888

7. AGE Years 48 Months 4 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country) _____

13. NAME William E. Joyce

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country) _____

15. MAIDEN NAME Louise E. Silberzahn

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country) _____

17. INFORMANT Mr. Katherine Joyce (Address) 340 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/4/1936

19. UNDERTAKER John J. Cowan & Son (Address) 401 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Nov 1, 1936

I last saw him alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B.
Pneumonic type.

Date of onset Sept 1-36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation crucial Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. L. Hunt M.D.

(Address) 4329 Carmichael Ave

3 FILE 1936

Grad,
F 28693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28693

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Madison Ave. St. 11 - 4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 20 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1303 Madison Ave. St. 11 - 4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Virginia B. Hall

6. DATE OF BIRTH (month, day, year) Sept. 18, 1884

7. AGE 52 Years 1 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 0054 11. Total time (years) spent in this occupation. Portsmouth Va.

12. BIRTHPLACE (city or town) (State or country)

13. NAME David Hall 14. BIRTHPLACE (city or town) (State or country) Wayne County N.C.

15. MAIDEN NAME Annie Hines 16. BIRTHPLACE (city or town) (State or country) Wayne County N.C.

17. INFORMANT Th. J. Hall (Brother) (Address) 501 W. Ohio Ave. Atlantic City N.J.

18. BURIAL, CREMATION, OR REMOVAL (Address) 11/4 36

19. UNDERTAKER Robert C. Young (Address) 304 N. Caroline St.

3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to Oct 31 1936

I last saw him alive on Oct 31 1936. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Pericardial Effusion Aortic Insufficiency

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 424 Chestnut St

1429

28694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28694

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 28-1* Ward)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *58* yrs. *0* mos. *0* ds.

2. FULL NAME *Sister Alberta Kesselmaier*

(a) Residence: No. *Kingston, New York*
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U.S. Veteran specify WAR *None*

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan. 17-1872*

7. AGE Years *64* Months *9* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retiree*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *6065*

12. BIRTHPLACE (city or town) *Germany*
(State or country)

13. NAME *Albert Kesselmaier*

14. BIRTHPLACE (city or town) *Paderborn*
(State or country) *Germany*

15. MAIDEN NAME *Anna Monckes*

16. BIRTHPLACE (city or town) *Paderborn*
(State or country) *Germany*

17. INFORMANT *W.H. Records*
(Address) *Int. Hope Retreat*

18. BURIAL, CREMATION, OR REMOVAL

Place *Elizabeth, N.J.* Date *Nov 5/36*

19. UNDERTAKER *Stewart & Mowen Co*
(Address) *102 W. North St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 3, 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 27, 1935* to *Nov. 3, 1936*

I last saw her alive on *Nov. 3, 1936* Death is said to have occurred on the date stated above, at *6:55 a.m.*

The principal cause of death and related causes of importance were as follows:

Psychosis with Cerebral arteriosclerosis Date of onset *2*

Partial Intestinal Obstruction 6 days

Other contributory causes of importance:

acute Myocardial Decompensation 12 hrs

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *Fundus* Was there an autopsy? *No*

23. If death was due to external cause (violence) fill in also the following: Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Dumay P. Glayia M.D.*

(Address) *3316 Underhill Ave*

FILED 3-1936

F 28695

28695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

1728 W. Lexington St

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, MD

Baltimore Md 14 WARD

2—FULL NAME

Jessie - Scott

(a) RESIDENCE NO.

1728 W. Lexington St.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female

all

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Edward 'Scott'

6 DATE OF BIRTH (month, day, and year)

Sept - 1900

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

36

1900

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

Same as above

(c) Name of employer

Va. 0037

9 BIRTHPLACE (city or town) (State or country)

Va.

10 NAME OF FATHER

Henry Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Va.

12 MAIDEN NAME OF MOTHER

Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Va.

14

Informant

(Address)

Edward Scott 1728 W. Lexington St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

10/30/36

17

I HEREBY CERTIFY, That I attended deceased from 9/29/36 to 10/30/36 that I last saw her alive on 10/30/36, 1936

and that death occurred, on the date stated above, at 2:45 PM.

The CAUSE OF DEATH was as follows:

Gastric Carcinoma

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

10/24/36 5-26 4. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt. Zion Cemetery

Nov 3, 1936

20 UNDERTAKER

ADDRESS 322 R

Mrs Kate R Williams

3-1936

28696

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28696

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Edmonson ST., 19-1 WARD)

2-FULL NAME

Virian Lucy Harmon

(a) RESIDENCE NO.

1729 Edmonson ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Cal

5 Single, Married, Widowed, or Divorced, (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Oct 6th 1916

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2026

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

Frank Harmon

11 BIRTHPLACE OF FATHER (city or town) (State or country)

VA

12 MAIDEN NAME OF MOTHER

Lucy Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

VA

14

Informant (Address)

Lucy Harmon
1729 Edmonson St.

15

3-1936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-1936

17

I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 11-2-, 1936.that I last saw her alive on 11-2-, 1936.and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Left pneumonia
acute cardiac
deceleration(duration) yrs. mos. ds. 15

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

R. L. Jackson M. D.

11/2, 1936 (Address)

602 N. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

Arbutus Memorial Cemetery Nov 6, 1936
20 ADDRESS 322
Mr. Kate R. Williams Schneider

28697

F 28697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 10)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Leroy W. Harten

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1557 Argyle Ave. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 8, 19057. AGE Years 21 Months 7 Days 33 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070 10. Date deceased last worked at this occupation (month and year) Nov. 1936 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Accomac Co, VaFATHER 13. NAME John H. W. Harten 14. BIRTHPLACE (city or town) (State or country) VaMOTHER 15. MAIDEN NAME Shirley West 16. BIRTHPLACE (city or town) (State or country) Danville Va17. INFORMANT Roland W. Harten (Address) 1557 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Onancock Va Date Nov. 3, 193619. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St.20. FILE 3-1936 21. DATE OF DEATH (month, day, year) Nov. 1, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 193622. I HEREBY CERTIFY, That I attended deceased from October 29, 1936, to November 1, 1936 I last saw him alive on November 1, 1936 Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

10-24-36

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation clinical Date of _____What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) J. D. Carr(Address) 515 Mosher St.

M. D.

F 28698

8698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkin Hospital* St. *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? *4* yrs. *1* mos. *1* ds.

2. FULL NAME

Elvira Wana-maker

If U. S. Veteran

specify WAR

(a) Residence: No. *Dundalk Road 3/ Box 19* St. *Ward*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 22/1922*7. AGE Years Months Days *13* *11* *9* If LESS than 1 day, *9* hrs. or *9* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *M.C.*13. NAME *Ernest Wana-maker*14. BIRTHPLACE (city or town) (State or country) *M.C.*15. MAIDEN NAME *Lelea Glover*16. BIRTHPLACE (city or town) (State or country) *M.C.*17. INFORMANT *Thomas Glover*(Address) *Dundalk*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hamlet* Date *11/3* 19 *36*19. UNDERTAKER *Raymond Sanders*(Address) *1413 E. Preston St*

3 - 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 1, 1936*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Acute Nephritis (Interstitial) (Undetermined origin)

Date of onset

Other contributory causes of importance:

*Thrombosis*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*(Address) *1919 E. North Ave.*

M. D.

28699 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28699

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 S. East Ave. St. 76-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martin Myers

If U. S. Veteran specify WAR

(a) Residence: No. 251 S. East Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Amanda Myers
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15-1890

7. AGE Years 56 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0052
10. Date deceased last worked at this occupation (month and year) 12/20/35 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Balto.
(State or country) md.

13. NAME John H. Myers

14. BIRTHPLACE (city or town) Balto.
(State or country) md.

15. MAIDEN NAME Elij. Sommers

16. BIRTHPLACE (city or town) Balto.
(State or country) md.

17. INFORMANT Mrs. Amanda Myers
(Address) 251 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 11/5/36

19. UNDERTAKER John B. Connolly
(Address) Essex, Md.

3-1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov. 2, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov, 1936, to Nov 2, 1936

I last saw him alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Bacterial) 1936
Chronic Tuberculosis 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred E. Wilson M. D.

(Address) 3507 Fall Ave

28700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28700

157-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 S. Charles St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eileen Koch

If U. S. Veteran
specify WAR

(a) Residence: No. 1712 S. Charles St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1936

7. AGE Years Months Days If LESS than 1 day, 20 hrs. or 45 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md (State or country)

FATHER 13. NAME Frederick J. Koch 14. BIRTHPLACE (city or town) Balto., Md (State or country)

MOTHER 15. MAIDEN NAME Myrtle M. Smith 16. BIRTHPLACE (city or town) Balto., Md (State or country)

17. INFORMANT Mr. F. J. Koch (Address) 1712 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Cem. Date Nov. 4, 1936

19. UNDERTAKER J. F. McCully (Address) 128 E. Fort Ave.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936 to Nov. 3, 1936

I last saw her alive on Nov. 2, 1936 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital Mitral Regurgitation

Date of onset

Other contributory causes of importance:

Exhaustion

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) J. F. McCully M. D.

11/3/36 (Address) 1044 Hudson St.

✓ F 28701

28701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Hanover St. St. 22-1 Ward)

Length of residence in city or town where death occurred 38 yrs. 4 mo. 27 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John P. Dunn.

(a) Residence: No. 426 Hanover St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, ~~WIDOWED~~ HUSBAND of ~~XXXXXXXXXX~~ Mildred Dunn.

6. DATE OF BIRTH (month, day, year) June 5, 1898

7. AGE Years 38 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James E. Dunn.

14. BIRTHPLACE (city or town) Richmond, Va. (State or country)

15. MAIDEN NAME Mary Mc Carron.

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Catherine Dunn. (sister) (Address) 770 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 5, 1936

19. UNDERTAKER

(Address)

Martin W. E. Gypfel

20. F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt

M. D.

(Address) 1017 S. Charles St.

3 - 1936

✓ F 28702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Orleans St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1913 Orleans St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Adelhart

6. DATE OF BIRTH (month, day, year) May 8-1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

64 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Schutz

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mr. Adelhart

(Address) 1913 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bolton Redemer Date Nov. 4 1936

19. UNDERTAKER

(Address) Martin W. Pippel

371 Union St.

20. FILE NO. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1-36 1936 to Nov 1-36 1936

I last saw him alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction

Other contributory causes of importance:

hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hensman M. D.

(Address) 2913 E. Baltimore

28703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28703

23 14864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-125 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME Harold Little

(a) Residence: No. Brooklandville, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of Winifred Little (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-24-1904

7. AGE Years 31 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 00 86

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Wm. Little

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Effie Waltz

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Placed in Daily Grand Lodge at Nov. 5, 1936

19. UNDERTAKER C. M. Waltz (Address) Newfield Md.

20. FILM 1936

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 11-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1936 to 11-3 1936

I last saw him alive on 11-3 1936 Death is said to have occurred on the date stated above, at 9 45 A.M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis 3 yrs.

Other contributory causes of importance: Scurvy 6 mo

Was an operation performed? yes Date of 9-18-36

For what disease or injury? Removal ribs for pulmonary tuberculosis

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. A. Hoover M. D.

(Address) Balt. City Hosp.

28704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6100 Sefton Ave. St. 27-6)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 6100 Sefton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Barnes

6. DATE OF BIRTH (month, day, year) Oct. 7, 1860

7. AGE 76 Years Months Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 0015 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER 13. NAME Joseph Barnes 14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Chas. Laundin Jr. (Address) 6100 Sefton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Nov. 5, 1936

19. UNDERTAKER Frank Rosahn & Son (Address) 7801 Calver Rd.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 31st, 1936, to Nov 2, 1936.

I last saw him alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Stomach

Date of onset

1934

Other contributory causes of importance:

Myocardial (chronic) 1934

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. O. Benson M. D.

(Address) 1000 Oakwood

28705

F 28705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-5 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Viszony

If U.S. Veteran

specify WAR

(a) Residence: No. 6206 Everall Ave. St., 27-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Viszony7. DATE OF BIRTH (month, day, year) March 18808. AGE Years 56 Months 9 Days 0037 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hungary (State or country)13. NAME Henrich Biel14. BIRTHPLACE (city or town) Hungary (State or country)15. MAIDEN NAME Katherine16. BIRTHPLACE (city or town) Hungary (State or country)17. INFORMANT Mr. Stephen Viszony (Address) 6206 Everall Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Ave. Date Nov. 4, 193619. UNDERTAKER Frank L. Lasham & Son (Address) 7401 Belair Ave.

20. 3-11-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Nov 2, 1936I last saw her alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerotic atherosclerosis Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Stephen H. Quinn, M. D.(Address) University Hospital

28706

F 28706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4611 Roland Avenue St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth 7 yrs. 2 mos. 17 ds.

2. FULL NAME

Florence C. DeVaux

If U. S. Veteran

specify WAR

(a) Residence: No.

4611 Roland Avenue St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1899

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

37

1

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chief Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C. & P. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0086

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

FATHER

13. NAME

Louis A. DeVaux

14. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

MOTHER

15. MAIDEN NAME

Anna Connelly

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mrs. Mary J. Finnissey
4611 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem Date 11/4 1936

19. UNDERTAKER

(Address)

Wm. H. Mears
805 N. Calvert St.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934 to Nov 2nd 1936

I last saw him alive on Nov 2nd 1936 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Carditis
Coronary renal disease

Date of onset

Other contributory causes of importance:

Anemia

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

28707 HEALTH DEPARTMENT—CITY OF BALTIMORE 28707

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Calvert St. 11-1 Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 606 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of Single
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8, 1874

7. AGE Years 62 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work W. P. A.
10. Date deceased last worked at this occupation (month and year) Days

12. BIRTHPLACE (city or town) Baltimore
(State or country) MD

13. NAME John Carney

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Elizabeth Sweeney

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Edward Carney
(Address) 2811 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL See Cathedral
Date Nov. 4, 1936

19. UNDERTAKER Edmund W. Campbell
(Address) 524 E. Eager St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) (?) 10/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 .. to 19 ..

I last saw h. alive on 19 .. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism
Accidental Drowning (?)

Other contributory causes of importance:

Name of operation Date of ..

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury Probably 10/27

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place 606 N Calvert

Manner of injury see other cert

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ervin B. Hoffman M. D.

(Address) 1031 St Paul St

OV 3 - 1936

M. D. B 1268-9
28708

✓ F 28708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals 1-3 St. 1-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Stanislaw Kuciadomski

If U. S. Veteran

specify WAR _____

(a) Residence: No. 602 S Rose St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hawkins

6. DATE OF BIRTH (month, day, year) Dec. 8, 1877

7. AGE 58 Years 10 Months 27 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0014

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Max Kuciadomski
(Address) 602 S Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 4, 1936

19. UNDERTAKER Wood & Hightower
(Address) 2007 Eastern Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis
Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Erin B. Wallace M. D.
(Address) 1031 St Paul St

Coroner

28709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28709

18355

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME Steven Duraczyk(a) Residence: No. 706 S. Luzerne St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Rose Duraczyk
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12-25-18997. AGE 36 Years Months 11 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman WPA
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Henry14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Katherine Czerwinski16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cemo Date Nov 5 193619. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 193622. I HEREBY CERTIFY. That I attended deceased from 10-30 1936 to 11-2 1936I last saw him alive on 11-2 1936 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset? 4 mos?

Other contributory causes of importance:

Laryngeal TuberculosisWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed)

John F. Rainey
Baltimore City Hospital

M. D.

28710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 28710

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4714 Frederick ave ST. 28-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

John J. Fields

(a) RESIDENCE. No.

4714 Frederick Ave

ST.

WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

65 yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ellen J. Fields

6 DATE OF BIRTH (month, day, and year)

Oct 3, 1844

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

92

—

28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

New York City

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

Jackarior Fieldmiller

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Margaret E. Dixon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

England

14

Informant
(Address)Frederick A. Cole
1200 W. Lombard St

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1936

17

HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1936, to Nov. 1, 1936.

that I last saw him alive on Nov. 1, 1936.

and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY

(Secondary)

Paralysis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

clinical

(Signed)

John B. Sound

M. D.

19 (Address)

2 West Read Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

New Cathedral

11/4 1936

20 UNDERTAKER

ADDRESS

Frederick A. Cole
1200 W. Lombard St

OV 3 - 1936

F 28711 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28711

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mrs. Alice Smith(a) Residence: No. Woodlawn Fredrick, Co., Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 66 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredrick, Co., Md (State or country)13. NAME James Bowersox14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Rebecca Bell Rebecca Bell16. BIRTHPLACE (city or town) Rebecca Bell Rebecca Bell (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 6th 1936

19. UNDERTAKER

(Address)

3 FIED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 3, 1936, 1922. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1936, 19, to Nov. 3, 1936, 19.I last saw him alive on Nov. 3, 1936, 19. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failurecoronary thrombosis

Date of onset

11-3-36

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 10-20-36What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) W. P. Sellers M. D.(Address) Thomas & Hospital

F 28712

F 28712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Alhambra Ave. 27-10 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 4805 Alhambra Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb. 3, 1886

7. AGE 50 Years 8 Months 29 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania Unknown

13. NAME 14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Harriene Hudson (Address) 4805 Alhambra Ave.

18. BURIAL, CREMATION, OR REMOVAL Rocky Hill Am. Frederick Co. Nov. 4, 1936

19. UNDERTAKER E. Leroy Stiffley, Inc. (Address) 1235 E. Mount Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/18/36, 19, to 11/2/36, 1936

I last saw her alive on 11/2, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset ?

Other contributory causes of importance:

Diabetes Mellitus Arteriosclerosis

1934 1930

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Joseph S. Blum M. D. (Address) 1206 E. Preston St.

F 28713

F 28713

HEALTH DEPARTMENT—CITY OF BALTIMORE

Fairfield Western Maryland
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ward 1*)Registered No. *1497*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Alvin Clarence Basson*

If U. S. Veteran specify WAR

(a) Residence: No. *2406 Maryland Ave*St., *Ward 1*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ellen Basson*6. DATE OF BIRTH (month, day, year) *Nov 32 1887*7. AGE *48* Years *11* Months *10* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Driver for*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Fairfield Western Maryland*10. Date deceased last worked at this occupation (month and year) *11/2/36*11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Ward 1*
(State or country)13. NAME *Alvin Basson*14. BIRTHPLACE (city or town) *Ward 1*
(State or country)15. MAIDEN NAME *Anna Royster*16. BIRTHPLACE (city or town) *Ward 1*
(State or country)17. INFORMANT *Alvin Basson*(Address) *4001 Ridgeway Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Grace Cem. Balto. Co.*Date *Nov. 4, 1936*19. UNDERTAKER *E. Leroy Stiller, Inc.*(Address) *125 E. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) *3:10 PM*obtained by said inquest, Autopsy or Inquiry) *3:10 PM*

The principal cause of death and related causes of importance were as follows:

*Caused death**Bullet wound in head.*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *suicide* Date of Injury *11/2, 1936*Where did injury occur? *Ward 1*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *industry Western Md. quarry*Manner of injury *shot self with shotgun*Nature of injury *Bullet in head.*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. H. Hager*(Address) *125 E. North Ave.*

Coroner

M. D.

20. FILED

1936

Huntington

F 28714 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28714

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. St. 12 Ward) 6

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 5 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME John McCann
(a) Residence: No. 1126 S.E. 7th St., Ft. Lauderdale, Fla. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR W.W.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Lillie McCann (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 20, 1891
8. AGE Years 44 Months 10 Days 12 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lt. Commander
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Coast Guard
11. Total time (years) spent in this occupation 9-15-36

12. BIRTHPLACE (city or town) New Jersey (State or country)

13. NAME Henry McCann

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Julian Jones

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Records, U.S. Marine Hospital Baltimore, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Nov. 5, 1936

19. UNDERTAKER E. Leroy Steffles, Inc. (Address) 125 E. North Ave.

20. FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from October 26, 1936, to November 2, 1936

I last saw him alive on November 2, 1936. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Disease, endocarditis, subacute, bacterial

Date of onset 5 mos.

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) T. M. H. a. d. U.S. Marine Hospital (Address)

M. D.

F. D. 28715

F 28715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial No. 12-1* Ward)Registered No. *167*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *237 Lambeth Road* St., *Guilford* Ward.

If U. S. Veteran specify WAR.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ellen Boone*6. DATE OF BIRTH (month, day, year) *Oct 28, 1887*7. AGE Years *49* Months *-* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Banker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
10. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) *Port Detroit* (State or country) *Mich*13. NAME *Samuel C. Rowland*14. BIRTHPLACE (city or town) *Bucil CD* (State or country) *Ind*15. MAIDEN NAME *Cornelia Ransom*16. BIRTHPLACE (city or town) *Tioga Centre* (State or country) *N.Y.*17. INFORMANT *Mr. J. Harvey Rowland* (Address) *237 Lambeth Rd Guilford*18. BURIAL, CREMATION, OR REMOVAL *Colona Ind* Place *West Nottingham Cem* Date *Nov 4, 1936*19. UNDERTAKER *Henry M. Jenkins* (Address) *24 Chestnut St*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) *Autopsy*

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gunshot wound in head Date of onset *7/2/36*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *suicide* Date of injury *Nov 2, 1936*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Self inflicted*Nature of injury *Gun Shot*

24. Was disease or injury in any way related to occupation of deceased?

no If so specify

(Signed) *Chas. W. Jones* M. D.(Address) *Colona* Coroner

28716

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28716

CERTIFICATE OF DEATH

✓ 107-a 18249

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U.S. Veteran

specify WAR

2. FULL NAME Sarah Pindell(a) Residence: No. 220 N. Montford Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced Widow6a. If married, widowed, or divorced
HUSBAND of Steven Pindell
(or) WIFE of7. DATE OF BIRTH (month, day, year) 18468. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
90

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Md.14. NAME William Mackrey15. BIRTHPLACE (city or town) (State or country) Md.16. MAIDEN NAME Mary Lowmax17. BIRTHPLACE (city or town) (State or country) Md.18. INFORMANT B. C. H. Records
(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place Antislave Date 11-4-193620. UNDERTAKER John F. Rainey
(Address) 1601 Sunnyside

21. FILED

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 11-1, 193623. I HEREBY CERTIFY, That I attended deceased from 10-27, 1936 to 11-1, 1936I last saw her alive on 11-1, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) Date of onset 5 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes24. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

John F. Rainey M. D.
(Address) Baltimore City Hospital

V 4 - 1936

F 28717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital - 4* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *419 N. Chapel St.* St., *4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *38* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto.* (State or country) *MD.*13. NAME *Joseph Rave*14. BIRTHPLACE (city or town) *Balto.* (State or country) *MD.*15. MAIDEN NAME *(Late) Sarah Jane Knight*16. BIRTHPLACE (city or town) *Balto.* (State or country) *MD.*17. INFORMANT *Joseph Rave* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Not known* Date *Nov 4* 19*36*19. UNDERTAKER *El Roy O. Wilson* (Address) *1000 ...*20. FILED *4 - 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 4*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Compound fracture of
*Skull**Hemorrhage into brain.*Other contributory causes of importance:
*Cholera*Was an operation performed? *Yes* Date of *11/1/36*For what disease or injury? *Fractured Skull*Name of operation *Decompression* Date of *Yes*What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Homicide* Date of injury *10/31/1936*Where did injury occur *Car 7400 Ann St. Balto Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Street*Manner of injury *Struck in head with an*Nature of injury *unknown object*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Paul Phelan* M. D. (Address) *1919 E. North Ave.* Registrar.

28718

F 28718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Allendale Road St. 15-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME William L. StraughnRegistered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 2606 Allendale Road St. 15-8 Ward. 15-8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Laura Virginia Steiner
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 1, 18597. AGE Years 76 Months 11 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Employee

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Charles E. Straughn14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME Mary E. Conner16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT Edward C. Straughn
(Address) 2606 Allendale Road18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date Nov 4/3619. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place20. FILED 4-1936 19 11 Registrar. 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/36 1922. I HEREBY CERTIFY, That I attended deceased from Jan 1/36 19 to Nov 2/36 19.I last saw him alive on Nov 1/36 19. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

MyocarditisDate of onset Jan 1/36

Other contributory causes of importance:

Arterio-sclerosis

1926

Myocarditis

about 1 yr.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 2/36 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NoSigned Walter S. Smith M. D.(Address) 2220 Garrison Ave.

F 28719

28719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *15-9* Ward)Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1910 Cedric Rd* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *JAN. 27-1912*

7. AGE Years Months Days If LESS than 1 day. hrs. or min.

24 9 76

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balti. Md.*13. NAME *Simon M. Levinstein*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Ida Rappaport*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT (Address) *M. A. L. Singer, Pulaski & McHenry Sts.*18. BURIAL (CREMATION) OR REMOVAL Place *Balti. Hebrew* Date *10-4-36*19. UNDERTAKER (Address) *Jacob Lewis, Inc., 1429 E. Baltimore St.,*

FILED 1936

19. *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 3, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 29, 1936* to *Nov. 3, 1936*I last saw him alive on *Nov. 3, 1936* Death is said to have occurred on the date stated above, at *10¹⁵ A.*

The principal cause of death and related causes of importance were as follows:

*Sarcoma of lung
adhesive metastases*Date of onset
8-29-36
10-11-36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specifySigned *Irwin Sankov* M. D.(Address) *Sinai Hospital*

28720 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28720

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-3 Ward)

Length of residence in city or town where death occurred 1 1/2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gephart

Registered No. 18486-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 234 E. Cross St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>9-17-1874</u> | | |
| 7. AGE Years <u>62</u> | Months <u>1</u> | Days <u>15</u> |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u> | |
| | 9. Industry or business in which work was done, as alk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER 13. NAME William Gephart

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER 15. MAIDEN NAME Hannah Hopkins

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Saved Heart Date 11-4 1936

19. UNDERTAKER J. J. Zichy & Sons
(Address) 1318 Light St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1936 to 11-2 1936.

I last saw him alive on 11-2 1936 Death is said to have occurred on the date stated above, at 2:04 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall-bladder with metastasis

Date of onset
1 yr +

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? 4/20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

F 28721

F 28721 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* St. *19-3* Ward)Length of residence in city or town where death occurred *43* yrs. *10* mos. *15* ds. How long in U. S. If of foreign birth? *43* yrs. *10* mos. *15* ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *Margaret Ann Rodwin* St. *215* *Edmonson* St.

(Usual place of abode)

Ward.

If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *John P. Rodwin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 27-1882*7. AGE Years *53* Months *10* Days *4* 5 If LESS than 1 day, *5* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*13. NAME *Mrs. A. Quivall*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Margaret Ward*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mrs. Ruth P. Van Evera* (Address) *215 S. Edmonson (Baughlin)*18. BURIAL, CREMATION, OR REMOVAL *Laurel Park* Date *Mar 4* 19*36*19. UNDERTAKER *Thos. J. Secor* (Address) *1939 Edmonson*20. FILED *4-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 1*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held *Inquiry* thereon and from the evidence obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Dilatation of Lungs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos. H. Shultz*

Coroner

M. D.

(Address) *1939 Edmonson*

28722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28722

122-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122-13)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 8 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2606 Bridford Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept 18th 1880

7. AGE Years 56 Months 1 Days 15 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Tonawille (State or country) Michigan

13. NAME Ira Beatz

14. BIRTHPLACE (city or town) Penna (State or country)

15. MAIDEN NAME Margaret Hopkins

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Ruth Lamison

(Address) 446 Emerson St

18. BURIAL, CREMATION, OR REMOVAL Place Tonawille Mich. Date Nov 4th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

V 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-31-1936, to 11-3-1936

I last saw him alive on 11-3-1936 Death is said to have occurred on the date stated above, at 1:40 AM.

The principal cause of death and related causes of importance were as follows:

Acute intestinal obstruction
cause unknown

Other contributory causes of importance:

myocardial failure

Was an operation performed? yes Date of 11-1-36

For what disease or injury? intestinal obstruction

Name of operation Enterostomy Date of 11-1-36

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Smith M. D.

(Address) Maryland General Hospital

F 28723 HEALTH DEPARTMENT—CITY OF BALTIMORE 28723

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **412 Westgate Rd.** St. **28** Ward) **53-C**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James M. Parker

No War Record

(a) Residence: No. **412 Westgate Rd.** St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Leola C. Parker**
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **Feb. 26, 1899**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stationary Engineer**
9. Industry or business in which work was done, as silk saw mill, bank, etc. **Stationary Engineer**
10. Date deceased last worked at this occupation (month and year) **1935** 11. Total time (years) spent in this occupation **11/20**

12. BIRTHPLACE (city or town) (State or country) **Maryland**

13. NAME **J. A. Parker**
14. BIRTHPLACE (city or town) (State or country) **Maryland**

15. MAIDEN NAME **Ida F. Miggs**
16. BIRTHPLACE (city or town) (State or country) **Maryland**

17. INFORMANT **Leola C. Parker**
(Address) **412 Westgate Rd.**

18. BURIAL, CREMATION, OR REMOVAL
Place **Cathedral** Date **Nov 6th 1936**

19. UNDERTAKER **Wm. Cook**
(Address) **1217 E. Paul St.**
Nov 4, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Nov. 3, 1936**

22. I HEREBY CERTIFY. That I attended deceased from **Jan. 29, 1935** to **Nov. 3, 1936**

I last saw him alive on **Nov. 2, 1936**. Death is said to have occurred on the date stated above, at **10.30 A.M.**

The principal cause of death and related causes of importance were as follows:

Glioma of Brain
(Sarcoma)

Other contributory causes of importance:

Name of operation **Decompration** **Jan. 5, 1935**
What test confirmed diagnosis **Lab. & Clin.** here an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) **J. H. C. Allen** M. D.

(Address) **2757 W. North Ave.**

28724

HEALTH DEPARTMENT—CITY OF BALTIMORE 28724

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4718 Ironhorse Ave. Ward 7-10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran specify W.A.I.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

28725

HEALTH DEPARTMENT—CITY OF BALTIMORE

28725

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St. Ward 4)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary E. PhillipsIf U.S. Veteran, specify WAR Record(a) Residence: No. 310 W. Lanvale St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If ~~married~~ widowed or divorced (or) WIFE of Samuel C. Phillips6. DATE OF BIRTH (month, day, year) Dec. 6-18607. AGE Years 75 Months 10 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rosewood Tracing
10. Date deceased last worked at this occupation (month and year) Nov 2 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Cambridge Md (State or country)13. NAME William J. Wheeler
14. BIRTHPLACE (city or town) Cambridge Md (State or country)15. MAIDEN NAME Amanda E. Spidder
16. BIRTHPLACE (city or town) Cambridge Md (State or country)17. INFORMANT Mrs. Cork (Address) 16 E. 21st St.18. BURIAL, CREMATION, OR REMOVAL London Park Date Nov 5 193619. UNDERTAKER Wm. Cook (Address) 1217 St Paul St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 193622. I HEREBY CERTIFY. That I attended deceased from Jan 1935 to Nov 3 1936I last saw her alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 6:45 A.M.The principal cause of death and related causes of importance were as follows: Chronic Myocarditis
Hypertension

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Examination

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Louis T. Levy M. D.(Address) 1844 W. North Ave

28726

F 28726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Ann St. Ward)

Length of residence in city or town where death occurred 45 yrs. mo. da. How long in U. S. If of foreign birth? 45 yrs. mo. da.

2. FULL NAME

Frank Szczepaniak

(a) Residence: No. 409 S. Ann St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Szczepaniak

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE 64 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Andrew Szczepaniak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Maryanna Szczepaniak (Address) 409 S. Ann St.

18. BURIAL, CREMATION OR REMOVAL

Place St. Stanislaus Date 11/5/36

19. UNDERTAKER (Address) M. J. Sadowski Sons 1804 Eastern Ave.

V 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1936 to Nov. 2, 1936 I last saw him alive on Nov. 2, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia (right) 1 day

Other contributory causes of importance:

Cardio-renal disease 6 mos.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.S. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John V. Szarlocki M. D. (Address) 1804 Eastern Ave.

F 28727 HEALTH DEPARTMENT—CITY OF BALTIMORE 28727

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 S. Robinson Ward)

Registered No. 45-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 137 S. Robinson St., Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR None

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Bertha C. Householder (or) WIFE of John W. Hartman

6. DATE OF BIRTH (month, day, year) Nov. 14, 1889

7. AGE Years 46 Months 11 Days 18 If LESS than 1 day, hrs. 0 or min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frankford Co.
10. Date deceased last worked at this occupation (month and year) 2/36 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town, State or country) Northumberland County, Va.

FATHER 13. NAME John W. Hartman

14. BIRTHPLACE (city or town, State or country) Germany

MOTHER 15. MAIDEN NAME Nanna Campbell

16. BIRTHPLACE (city or town, State or country) Va.

17. INFORMANT Wife Mrs. Bertha C. Hartman

(Address) 137 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Nov. 5th, 1936

19. UNDERTAKER Elmer W. Conklin

(Address) 824 E. Eager St.

20. NOV 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2nd, 1936

22. I HEREBY CERTIFY That attended deceased from Nov 2 - 36 to Nov 2 - 36

I last saw him alive on Nov 1 - 36 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Exhaustion

Other contributory causes of importance: Chronic Tuberculosis

Carcinoma of Tongue

Was an operation performed? No Date of —

For what disease or injury? Syphilis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify (Signed) Louis W. M. D.

(Address) Nov. 4, 1936

28728

F 28728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18302

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Clara Wallace(a) Residence: No. 923 Argyle Ave. St. 17-1 Ward. 17-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced
HUSBAND of John Wallace
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-20-18897. AGE Years 47 Months 1 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland13. NAME Alexander Banks14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Isabella Alexander16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Providence Mem. Ch. No. 6 193619. UNDERTAKER Mrs. E. H. Holland
(Address) 1621 Church Hill Ave20. FILE NO. 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3, 193622. I HEREBY CERTIFY, That I attended deceased from 10-29, 1936 to 11-3, 1936I last saw him alive on 11-3, 1936 Death is said to have occurred on the date stated above, at 5-4 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)Date of onset
2 days

Other contributory causes of importance:

Hypertensive Cardio-vascular Disease, 2 mos +
with failureWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John L. Rainey M. D.
(Address) Baltimore City Hospital

28729

F 28729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balt. Gen. Hosp.*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1 hr.* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2103 Eagle St* St., *Ward* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 2, 1936*7. AGE Years Months Days If LESS than 1 day, *1* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*

FATHER

13. NAME *Isidore Steadnitzky*14. BIRTHPLACE (city or town) *Russia*
(State or country)

MOTHER

15. MAIDEN NAME *Janette Poleshuk*16. BIRTHPLACE (city or town) *Lykesville,*
(State or country) *md.*17. INFORMANT *M. S. R. H.*
(Address) *West Balt. Gen. Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Interment *St. Carmel* Date *Nov 4* 193619. UNDERTAKER *Sal Zimmon*
(Address) *1127 E. Baltimore St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 2, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 2, 1936* to *Nov. 2, 1936*I last saw him alive on *Nov. 2, 1936* Death is said to have occurred on the date stated above, at *8:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Prematurity
26 weeks

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Medley Sam*(Address) *WB 9 H*

M. D.

F 28730 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28730

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital, 8-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Armando Galstalo (8884)

(a) Residence: No. 1929 N. Collington Avenue, _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1902

7. AGE Years 33 Months 11 Days 4 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Steve

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Mary ???

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 5, 1936

19. UNDERTAKER Frank V. Pasitone
(Address) 2118 E. Baltimore

20. FILED

OV 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935 to November 2, 1936.

I last saw him alive on November 2, 1936. Death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset June 1935

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Dean H. Feldman

(Address) Baltimore City Hospitals, M. D.

28731

HEALTH DEPARTMENT—CITY OF BALTIMORE

28731

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2644 St. North Ave* St. *15-4* Ward)Registered No. *131*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *32* yrs. mos. ds. How long in U. S. If of foreign birth *30* yrs. mos. ds.2. FULL NAME *William Schaefer*(a) Residence: No. *2644 St. North Ave* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah V. Schaefer*6. DATE OF BIRTH (month, day, year) *June 21 - 1860*7. AGE Years *76* Months *4* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book keeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Reinde Salmon Co.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Henry Schaefer*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Elizabeth*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Sarah V. Schaefer* (Address) *2644 St. North Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine Cem.* Date *Nov. 5, 1936*19. UNDERTAKER *Josiah Seifer* (Address) *1600 W. North Ave*20. FILED *147 1836*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Sept 1 - 36*, 19, to *Nov 2 / 36*, 19I last saw him alive on *Nov 1*, 1936. Death is said to have occurred on the date stated above, at *12-30* m.

The principal cause of death and related causes of importance were as follows:

Cystitis - pyelitis - Chronic parenchymatous Nephritis Date of onset *about June 1936*

Other contributory causes of importance:

arterio-sclerosis *about 1926*Name of operation *None* Date of *20*What test confirmed diagnosis? *Exposal* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Heiter E. Hubert* M. D.(Address) *2220 Garrison Blvd*

28732

HEALTH DEPARTMENT—CITY OF BALTIMORE

28732

CERTIFICATE OF DEATH

17912

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Girl Pulley(a) Residence: No. 2252 Madison Avenue St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-14-36

8. AGE Years Months Days 18 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country) Hospitals13. NAME William Pulley14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.15. MAIDEN NAME Juanita Jones16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Hed. Schase Date Nov. 4 1936Commissioner of Health

19. UNDERTAKER (Address)

For H. A. Moore

20. FILED

NOV 11 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1, 193622. I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 11-1, 1936.I last saw her alive on 11-1, 1936. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

Diarhea
SepsicemiaDate of onset
10-15-36
10-29-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Bloral Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

RB Jones
Baltimore City Hospital M. D.

1936

F 28733

F 28733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Sinclair Lane St., 92-a Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Annie Alberta Eason

(a) Residence: No. 2117 Sinclair Lane St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Wm. Henry Eason (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1908

7. AGE Years 30 Months XX 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

13. NAME George E. Korte 14. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

15. MAIDEN NAME Annie E. Korte 16. BIRTHPLACE (city or town) Howard Co., Maryland (State or country)

17. INFORMANT Wm. H. Eason (Address) 1909 Snyder Ave., Dundalk

18. BURIAL, CREMATION, OR REMOVAL Nov. 4, 36 St. Johns Cem. Howard Co., Md.

Henry Sander & Son, Inc. Baltimore & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to Nov 2nd 1936 I last saw him alive on Nov 2nd 1936 Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation Oct 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical History Date of

What test confirmed? where an autopsy? No

23. If death was due to external causes (accident) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Paul M. D.

(Address) 520 N. Paul St.

44 11936

19

Registrar

28734

F 28734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811-E. Chase St. St. 10-1 Ward)Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Michael J. GroganIf U.S. Veteran No

specify WAR

(a) Residence: No.

811-E. Chase St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary E. (French)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/29/18677. AGE Years Months Days If LESS than 1 day, hrs. or 66 11 3 XX8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Jail
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Joseph Grogan14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Jennings16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mrs. Mary E. Grogan
(Address) 811-E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/5/3619. UNDERTAKER George J. Ruth, Inc.(Address) 1735-1737 Harford Ave.

4-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29 193622. I HEREBY CERTIFY, That I attended deceased from 10/29 to 11/3 1936
I last saw him alive on 10/29 1936 Death is saidto have occurred on the date stated above, at 10/29 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia tuberculosa
bars

Date of onset

unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 28735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 25-3)Registered No. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Adams(a) Residence: No. 2510 Hurm St. St., Int - 118 Ward. Int - 118

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5-17-36

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-31, 193622. I HEREBY CERTIFY, That I attended deceased from
Oct 8, 1936 to Oct 31, 1936I last saw her alive on Oct-31, 1936 Death is said
to have occurred on the date stated above, at 9:30 a.m.The principal cause of death and related causes of
importance were as follows:Chronic
Obstructive Pulmonary DiseaseDate of onset
July-1936

Other contributory causes of importance:

Upper respiratory infection

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Lysia B Brown

M. D.

(Address)

Johns Hopkins Hospital

4-1936

27107

28736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28736

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Park Ave. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR no

2. FULL NAME

(a) Residence: No. 512 Park Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Holzwarth

6. DATE OF BIRTH (month, day, year) Jan 6, 1857

7. AGE Years 79 Months 9 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1915

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary

13. NAME Jacob Holzwarth

14. BIRTHPLACE (city or town) (State or country) Austria-Hungary

15. MAIDEN NAME Helena Schütz

16. BIRTHPLACE (city or town) (State or country) Austria-Hungary

17. INFORMANT Elizabeth H. Neibehrs

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov. 5, 1936

19. UNDERTAKER Mrs. Mrs. John H. Genkel & Son

(Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936 to Nov 3, 1936

I last saw him alive on Nov 2, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis Chronic Interstitial Nephritis Broncho Pneumonia

Other contributory causes of importance: Myocardial Insufficiency

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Stephen F. Hillman M. D.

(Address) 6 East Biddle St.

4-1936

28737

✓ F 28737
159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. _____ St., 16-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Lewis

(a) Residence: No. _____

(Usual place of abode)

1904 Harlem Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10/26/36

7. AGE Years _____ Months 10 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ind
(State or country)

13. NAME Robert
14. BIRTHPLACE (city or town) Ind
(State or country)

15. MAIDEN NAME Marion Lewis
16. BIRTHPLACE (city or town) Ind
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Nov. 4, 1936

19. UNDERTAKER Commissioner of Health
(Address) PET. N. A. Moore

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-26, 1936 to Oct-28, 1936

I last saw her alive on Oct 28, 1936. Death is said to have occurred on the date stated above, at 10⁰⁰ m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm C. Stiffler

M. D.

(Address) Johns Hopkins Hospital

28738

✓ F 28738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 214 S. Collins Ave.

Registered No.

CITY OF BALTIMORE: (No. 20-8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs 4 mos 26 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret G. Leimbach

If U. S. Veteran

specify WAR

(a) Residence: No. 214 S. Collins Ave.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of **Edward A. Leimbach**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **June 5, 1886**

| | | | | |
|---------------------|-------------------|---------------------|-------------------|--|
| 7. AGE 50 | Years 4 | Months 26 | Days 28 | If LESS than 1 day, ...hra. or ...min. |
|---------------------|-------------------|---------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore, Md**
(State or country)13. NAME **Frederick Fritsges**14. BIRTHPLACE (city or town) **Baltimore, Md.**
(State or country)15. MAIDEN NAME **Margaret J. Sussan**16. BIRTHPLACE (city or town) **Baltimore, Md.**
(State or country)17. INFORMANT **Edward A. Leimbach**
(Address) **214 S. Collins Ave**

18. BURIAL, CREMATION, OR REMOVAL

Place **Cathedral Sem** Date **11/6** 19**36**19. UNDERTAKER **Margaret G. Flynn**
(Address) **1422 Light Street**

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **11/3 / 36**22. I HEREBY CERTIFY That I attended deceased from **Sept 29** to **Nov. 1** 19**36**I last saw h. alive on **Nov. 1** 19**36** Death is said to have occurred on the date stated above, at **8:40a**

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis C. Hypertension 1928
Angina Pectoris July 1936

Date of onset

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation **Physical** Date of **No**What test confirmed diagnosis? **Physical** Was there an autopsy **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) **Eliot W. Johnson** M. D.(Address) **3432 Frederick Ave**

28739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28739

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6109 Glen Oak 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 6109 Glen Oak Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jeanette Smith

6. DATE OF BIRTH (month, day, year) June 1889

7. AGE Years 47 Months 45 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R. Shop
10. Date deceased last worked at this occupation (month and year) Dec 27/35
11. Total time (years) spent in this occupation 17 00 73

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Louis H Knapp
14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME Dorothea Engelhardt
16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT Leroy Knapp
(Address) 6109 Glen Oak Ave18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 5 193619. UNDERTAKER J. J. Williams
(Address) 2008 Calver St

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2/36 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to 11/2/36 19

I last saw him on 11/2/36 4:10 a.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Carcinoma of Kidney

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. W. G. M. D.

(Address) 15703 Harford Rd.

28740

Richardson - W 25th St.

✓ F 28740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Bernard St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James W. Burke

If U. S. Veteran

specify WAR

(a) Residence: No. 2829 Bernard St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada O. Burke6. DATE OF BIRTH (month, day, year) April 5, 18717. AGE Years 65 Months 6 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.12. NAME Walter L. Burke14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Katherine E. Robinson16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Ada O. Burke (Address) 2829 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Nov 6, 193619. UNDERTAKER Chenoweth (Address) 3615-17 Chestnut Ave

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 10 - 1936 to Nov 3, 1936I last saw him alive on Nov 3, 1936 Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

PhlebotomyOct 20, 36

Other contributory causes of importance:

Chronic MyocarditisWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of No

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

No
Dr. Richardson
1126-20th St

28741

✓ F 28741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University, Johns St. 14-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Loyiel Blackstone

If U.S. Veteran specify WAR _____

(a) Residence: No. *Calbridge, Md.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John Blackstone*7. DATE OF BIRTH (month, day, year) *June 19, 1895*8. AGE Years *40* Months *4* Days *18* 9. LESS than 1 day, _____ hrs. or _____ min.10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*11. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Queen Henri. Co.*12. Date deceased last worked at this occupation (month and year) *2/19/36*13. Total time (years) spent in this occupation *Life*14. BIRTHPLACE (city or town) (State or country) *Md.*15. NAME *George Nelson*16. BIRTHPLACE (city or town) (State or country) *Md.*17. MAIDEN NAME *Victoria Collins*18. BIRTHPLACE (city or town) (State or country) *Md.*19. INFORMANT *John Blackstone*(Address) *Elbridge, Md.*

20. BURIAL, CREMATION, OR REMOVAL

Place *Blakston Cem.* Date *11, 7, 1936*21. UNDERTAKER *F. C. Wignall & Son, Jr.*(Address) *Edmont City, Md.*22. FILE NO. *1836*

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) *Nov 4th, 1936*24. I HEREBY CERTIFY, That I attended deceased from *Oct 20th, 1936* to *Nov 4th, 1936*I last saw her alive on *Nov 4th, 1936* Death is said to have occurred on the date stated above, at *2 A. M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Accident*Date of onset *over*

Other contributory causes of importance:

*Enlarged Pulmonary (Pulmonary)*Was an operation performed? *No.* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

26. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify _____

(Signed) *J. Massen-Albertain*(Address) *University Hospital*

28742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28742

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 2-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 1 mo. 6 da. How long in U. S. If of foreign birth? Life yrs. 1 mo. 6 da. If U. S. Veteran specify WAR _____

2. FULL NAME

Charles F. McComas(a) Residence: No. 505 S. Washington St. St. 2 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Minnie I. McComas
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Jan. 15/18697. AGE Years 67 Months 9 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Henry Barton10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME Maryann Ledell16. BIRTHPLACE (city or town) Balto. (State or country) Md.17. INFORMANT Minnie I. McComas (wife)
(Address) 505 S. Washington St.18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Ave Date Nov 6 193619. UNDERTAKER Julius J. Seiler
(Address) 403 S. Wolfe St.

4 FILE 1936

Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to 7/45 PM death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cardiac Distention

Other contributory causes of importance:

myocarditis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John B. Williams Registrar(Address) 1031 St Paul St

28743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 W. Fayette St. 4-2 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter J. Ducey

(a) Residence: No. 716 W. Fayette St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years Months Days If LESS than 1 day, hrs. or min. About 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Retired Soldier 0086

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Paline Record (Address)

18. BURIAL, CREMATION, OR REMOVAL

National Place Date 11/5 1936

19. UNDERTAKER Edw. T. L. (Address) 2317 Wash Blvd

20. FILL NO. 1036 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma

Pulmonary Edema

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Clin Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. C. (Address) 2757 N. W. St.

(Address) 2757 N. W. St.

F 28743

95-B

28744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Charles Home & Superior* 6-5-134)Registered No. *6-5-134*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *2* mos. *4* ds. How long in U. S. If of foreign birth? *2* yrs. *2* mos. *4* ds.2. FULL NAME *Mr. William Mercer*(a) Residence: No. *Frederick Md. Route 5* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of *Mrs. Lavinia Mercer*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 21, 1874*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 *8* *13*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Farm*
10. Date deceased last worked at this occupation (month and year) *Oct. 30, 1936*
11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) *Buddock, Md.*
(State or country)13. NAME *William Mercer*
14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Ada Webster*
16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Earl Mercer*
(Address) *Frederick, Md.*18. BURIAL, CREMATION, OR REMOVAL *Frederick, Md.*
Place *Frederick, Md.* Date *11/7* 193619. UNDERTAKER *Frederick, Md.*20. REGISTRAR *Frederick, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 4* 193622. I HEREBY CERTIFY, That I attended deceased from *Oct. 31* 1936 to *Nov. 4* 1936I last saw him alive on *Nov. 4* 1936 Death is said to have occurred on the date stated above, at *9³⁰ A. M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Other contributory causes of importance:

*Cardiac Failure*Name of operation *Removal of Rem. Cab.* Date of *Nov. 3, 1936*What test confirmed diagnosis? *Exam.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Nugent C. McCuskey* M. D.(Address) *Charles Home & Superior*

1936

28745

(Davies)

✓ F 28745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 2921 Guilford St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2921 Guilford St., 17-3 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Margaret Davies

6. DATE OF BIRTH (month, day, year) Dec 22-1865

7. AGE Years 70 Months 10 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. Rolling Mill
10. Date deceased last worked at this occupation (month and year) May 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Swansea (State or country) South Wales

13. NAME William Davies

14. BIRTHPLACE (city or town) S. Wales (State or country)

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Mrs. Robert Davies

(Address) 2921 Guilford

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 11/6/36

19. UNDERTAKER William Cook

(Address) 1217 S. Park St.

20. YEAR 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4-1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to Oct 4, 1936 last saw him alive on Nov 4, 1936 Death is said to have occurred on the date stated above, at 630 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Date of onset 5 yrs

Other contributory causes of importance:

Metastasis to bowel 10 days

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Cholecystectomy Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Injury

Where did injury occur? No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Gram M. D.

(Address) 612 N. 40 St

28746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28746

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR No. Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Gorsuch Ave - 5 Ward)

2. FULL NAME

(a) Residence: No. 611 Gorsuch Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX French 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of Thomas Bond Brown

6. DATE OF BIRTH (month, day, year) Sept 13th 1847

7. AGE

89

Years

Months

1

Days

20

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (city or town) Cecil Co

(State or country)

Md

13. NAME

Samuel Smith

14. BIRTHPLACE (city or town) Md

(State or country)

Md

15. MAIDEN NAME

Sarah Jane Battan

16. BIRTHPLACE (city or town) Md

(State or country)

Md

17. INFORMANT

(Address)

Warren Wilson Brown
1400 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Mt. E. Cemetery Cherry Hill

11/5

1936

19. UNDERTAKER

(Address)

William Cook
1217 St Paul Street

20. YEAR

1936

Attingham Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9 1936 to 10/3 1936

I last saw him alive on 11/3 1936 Death is said to have occurred on the date stated above, at 540 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Generalized Arteriosclerosis

Date of onset

?

Other contributory causes of importance:

Uremia

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank H. Huestenberry

M. D.

(Address)

518 Wad. Arts - Baltimore

28747

(Hamill)

✓ F 28747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Front St. 5-12 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 408 N. Front St. _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married5a. If married, widowed, or divorced HUSBAND of Mary Hamill (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Mar. 31, 18477. AGE Years 89 Months 7 Days 2 11. LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mary Hamill

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto Md (State or country) _____13. NAME Robert H. Hamill14. BIRTHPLACE (city or town) Md (State or country) _____15. MAIDEN NAME Catherine M. Conant16. BIRTHPLACE (city or town) Boston Mass (State or country) _____17. INFORMANT Mrs Mary H. Williams (Address) 1724 N. Bond St18. BURIAL, CREMATION, OR REMOVAL U.S. National Date 11/5 193619. UNDERTAKER Urban Cook (Address) 127 S. Paul St20. FILER 1936 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon, and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Myocarditis

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Dr. B. Wallace M. D.(Address) 1031 St Paul St

28749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28749

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 S. Sharp St. 73-1 Ward)

Registered No. 187

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Louis Shutter Waters

If U.S. Veteran specify WAR

(a) Residence: No. 935 S. Sharp St., 73-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years 53 Months 7 Days 7 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

13. NAME John Walker

14. BIRTHPLACE (city or town) D.C. (State or country)

15. MAIDEN NAME Fanni B. Smith

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Esther Walker (Address) 935 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL: Place Calvary Date Nov 5 1936

19. UNDERTAKER James A. Hayes (Address) 142 W. Hill St.

20. FILED 5-1936 Registrar. Keefe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1936 to Nov 2 1936

I last saw him alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Other contributory causes of importance: hypertension

Was an operation performed? ✓ Date of 10/30/36

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 11/2/36

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Hamrell M. D. (Address) 109 W. Hill St.

28750

F 28750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Clifton Ave. 5-8 Ward)

Length of residence in city or town where death occurred: 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3600 Clifton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Laura W. Angle (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 28, 1875

8. AGE

Years 60

Months 10

Days 6

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wirtz Va

13. NAME Kee Angle

14. BIRTHPLACE (city or town) (State or country) Wirtz Va

15. MAIDEN NAME Elizabeth + Lora

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Laura D. Angle

(Address) 3600 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Bur. Co. Date Nov. 5, 1936

19. UNDERTAKER

(Address) 1011 North & Pines

20. FILED

- 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov - 3, 1936 to Nov - 3, 1936

I last saw him alive on Nov - 3, 1936 Death is said to have occurred on the date stated above, 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of right middle ear with metastases of Neck + Lungs - 3 days

Other contributory causes of importance:

Hemorrhage from throat + Lungs.

Date of onset

1933

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Maurice L. Spork M. D. 806 1/2 Fulton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE 28751

28751

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-6 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin McKenzie (17915)

(a) Residence: No. 3027 W. Lenvale St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1904

7. AGE Years 32 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Elislia

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nora Lutz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rockland Home Date Nov 6 1936

19. UNDERTAKER Seck State (Address) 2700 E. Edwards Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1936 to November 3, 1936

I last saw him alive on November 3, 1936 Death is said to have occurred on the date stated above, at 2:18 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Oct/ 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ben H. Feldman M. D.

(Address) Baltimore City Hospital

OV 5 - 1936

28752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28752

CERTIFICATE OF DEATH

✓ 46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W. Barre St. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Fannie Allan

If U. S. Veteran specify WAR

(a) Residence: No. 658 W. Barre St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Late Robert H. Allan (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1861.

7. AGE 75 Years 8 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Dicks

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Matilda Small

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Adolph Allan (Address) 658 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Nov. 5/1936

19. UNDERTAKER Harry H. Witzke (Address) 4101 Hammondson Ave.

20. FILED

5-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 2 1936 to Nov. 3 1936

I last saw her alive on Nov 3, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Small Intestines

Other contributory causes of importance:

None

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Clarence E. Mack M. D. (Address) 8003 Garrison Blvd

8753
M. D. B 1268-9

F 28753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Lawrence St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. M 4. Color or race C 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Gertrude Kyler

6. DATE OF BIRTH (month, day, year)

Dec 6-1900

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

35

10

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stevenson

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Silver Spring Md

FATHER

13. NAME

Henry Kyler

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Victoria Kent

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT (Address)

Gertrude Kyler 1302 Lawrence St

18. BURIAL, CREMATION, OR REMOVAL

Place, Burial

Date 11-2-36

19. UNDERTAKER (Address)

Thomas E. Kelso 1303 Lexington St

5-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11-2-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest and from the evidence obtained by said inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from Bullet wound of lung

Date of onset

11/2/36

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury 11-2-1936

Where did injury occur?

Public place

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gun shot wound into

Nature of injury Left chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George S. Allen 501 Carver St

M. D.

F 28754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Richard Fisher

(a) Residence: No. _____

Lyde Pk. Stenners, Rm. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

5/18/34

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

5

13

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

John Fisher

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Rebeka Jackson

16. BIRTHPLACE (city or town)
(State or country)

Mc

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn Co. Nov. 5, 1936

19. UNDERTAKER

(Address)

Robert Williams
1515 McElderry St.
Baltimore, Md.

20. FILED

-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 29, 1934 to Nov. 1, 1936

I last saw him alive on Nov. 1, 1936 Death is said
to have occurred on the date stated above, at 10:45 m.The principal cause of death and related causes of
importance were as follows:

Pneumonia

Date of onset
Oct. 29

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis?

Fluoroscope

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Irving Rosenbaum, Jr.
Johns Hopkins Hospital

3755

F 28755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mersey Hospital 34-3 Ward)Length of residence in city or town where death occurred 34 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 34 yrs. 3 mos. 3 ds.Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran

specify WAR

2. FULL NAME Rose Seaver(a) Residence: No. 1013 Summit Court Ward. 34-3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓7. DATE OF BIRTH (month, day, year) Aug. 28, 1936
AGE Years Months Days 0 2 6 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Rose Seaver14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Rose Palmer16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Rose Seaver
(Address) 1013 Summit Court

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Church Date 11/5/3619. UNDERTAKER J. J. Fisher
(Address) 131 E. Light20. REGISTRAR Huntington Williams
(Address) 1013 Summit CourtMEDICAL CERTIFICATE OF DEATH X21. DATE OF DEATH (month, day, year) Nov. 3, 193622. I HEREBY CERTIFY. That I attended deceased from Oct. 31, 1936 to Nov. 3, 1936I last saw her alive on Nov. 3, 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

marasmus

Date of onset

Sept.Nov.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

OV 5 - 1936

8756

F 28756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 452 E. Fort Ave. St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Lillian C. Fout

(a) Residence: No. 452 E. Fort Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 29, 1901

8. AGE Years 35 Months 0 Days 5 If LESS than 1 day, hrs. 4 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0070

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Austin C. Fout

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Nettie Ruby

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Joseph C. Fout (Address) 205 3d. St. Brooklyn Park

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill

Date Nov. 6, 1936

19. UNDERTAKER (Address)

John J. Denney 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 3, 1936

I last saw her alive on Nov 3, 1936 Death is said to have occurred on the date stated above, at 8.00 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac De-compensation At 1/2 (over)

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clermal

What test confirmed diagnosis?

Date of

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Was there an autopsy? No

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J H Baranier M. D. 436 E Fort Ave

OV 5 - 1936

other dependents cause, possible lines

28757

F 28757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Washington Blvd Ward 5-2)Registered No. 82-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? 75 yrs. 2 mos. 15 ds.

2. FULL NAME

Mary A. Kinsella

If U. S. Veteran specify WAR

(a) Residence: No. 2615 Washington Blvd Ward 5-2

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of J. Edward Kinsella
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 19th 18617. AGE Years 75 Months 2 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME Edward M. Conville14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Mary M. Conville16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mr J. Edward Kinsella
(Address) 2615 Washington Blvd18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 11/6/193619. UNDERTAKER John J. Cowan & Son
(Address) 901 Holliday St

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/193622. I HEREBY CERTIFY. That I attended/deceased from Dec 11, 1933 to Nov 3, 1936I last saw her alive on Nov 3, 1933. Death is said to have occurred on the date stated above, at 7:20 P M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension
CerebrovascularDate of onset
12/11/33
12/11/33
10/25/36

Other contributory causes of importance:

Pulmonary Edema11/36Was an operation performed? no Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —(Signed) C. P. Roetting M. D.(Address) 2623 Washington Blvd

28758

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28758

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp. 27-5* St. *27-5* Ward)Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 hrs* yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *301* *Oakcrest Ave.* St. *27-5* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *✓*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *11-3-36*7. AGE Years Months Days If LESS than 1 day, 4 hrs. or min. *4 hrs.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*
10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Albert Frederick Forster*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*15. MAIDEN NAME *Katherine E. Gemmel*16. BIRTHPLACE (city or town) *Penn.* (State or country)17. INFORMANT *Hosp. Record* (Address) *St. Joseph's Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Linwood* Date *11/5/36*19. UNDERTAKER *Harry H. H. Ke* (Address) *401 E. Madison Ave.*20. FILED 19 *11/5/36* Registrar *—*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-3-* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11-3-* 19*36* to *11-3-* 19*36*I last saw her alive on *11-3-* 19*36*. Death is said to have occurred on the date stated above, at *4:25* p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

*None*Was an operation performed? *No* Date of *—*For what disease or injury? *—*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *St. Austrian* M. D.(Address) *St. Joseph's Hosp.*

15-1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 129 N. Russell St., 61 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/01/22

7. AGE Years 14 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chica
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Cepus
14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Rosky
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov. 7, 1936

19. UNDERTAKER Fred W. Ozagowski
(Address) 1930 Eastern Ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Nov. 3, 1936

I last saw her alive on Nov. 3, 1936 Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

Round Celled Sarcoma of the right Ovary with metastases to iliac glands (pathologically) - terminal illness etc.

Other contributory causes of importance:

Was an operation performed? yes Date of Oct. 5, 1936

For what disease or injury? Removal of P. Sarcoma with right F. tube & Ovary

What test confirmed diagnosis? Path. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) James H. Steward M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

28760

8760

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Washington Blvd. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Mollie C. Goldstein

(a) Residence: No. 653 Washington Blvd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. Garfinkle (Address) 573 S. Baker Street

18. BURIAL, CREMATION, OR REMOVAL crem. Washington Blvd. Date 11/5/36. 19

19. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/36 19

22. I HEREBY CERTIFY. That I attended deceased from July 29, 1935 to November 4, 1936

I last saw her alive on November 4, 1936 Death is said to have occurred on the date stated above, at 7:50 m. p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis ? 133
Cerebral hemorrhage 3/25/36
Myocarditis 10/25/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward F. Meany M. D.

(Address) 682 WASHINGTON BLVD

OV 5 - 1936

8761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28761

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Johnson

If U. S. Veteran

specify WAR

(a) Residence: No. *152 W. Hamburg*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Male**Negro**Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

12. 24. 14

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*11. 4. 1936*22. I HEREBY CERTIFY, That I attended deceased from
11. 2. 1936 to *11. 4. 1936*I last saw him alive on *11. 4. 1936* Death is said
to have occurred on the date stated above, at *5:45 A.M.*The principal cause of death and related causes of
importance were as follows:*Lobar pneumonia
(bilateral)*

Date of onset

10. 25. 36

Other contributory causes of importance:

*none*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*clinical*Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

*J. D. Carr, M. D.
515 Mosher St.*

28762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Pine St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 916 Pine St., 17 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emeline Jackson

6. DATE OF BIRTH (month, day, year) Jan 1866

7. AGE Years 70 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Estella Hall (daughter) (Address) 902 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov 6, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1936 to Nov 2, 1936 I last saw him alive on Nov 2, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Was an operation performed? M Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? M there an autopsy? M

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

FILED - 1936

F 28763

HEALTH DEPARTMENT—CITY OF BALTIMORE 28763

CERTIFICATE OF DEATH

46 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3080 S. Vincent St., 19 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3080 S. Vincent St., _____ Ward.

(Usual place of abode)

If U.S. Veteran
specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Katie Jones
(or) WIFE of6. DATE OF BIRTH (month, day, year) yr 7 1995
7. AGE Years 41 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) mdFATHER 13. NAME Thomas Jones14. BIRTHPLACE (city or town) md
(State or country)MOTHER 15. MAIDEN NAME Laura?16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Katie Jones
(Address) 308 S. Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 8, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schenck St

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3, 1936I HEREBY CERTIFY, That I attended deceased from 11-3 to 11-3, 1936I last saw him alive on 11-1, 1936. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Other contributory causes of importance: 8/20/36

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) 12 J. Hale M. D.
(Address) 1410 N. H.

5-1936

28764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1717 W Lexington St.*)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *4* mos. *22* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1717 W Lexington St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 10 - 1931*7. AGE Years *5* Months *7* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Annapund Co Md.*
(State or country)13. NAME *Archie Johnson*14. BIRTHPLACE (city or town) *Annapund Co Md.*
(State or country)15. MAIDEN NAME *Nettie Adams*16. BIRTHPLACE (city or town) *Annapund Co Md.*
(State or country)17. INFORMANT *Nettie Johnson*(Address) *1717 W Lexington St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Annapund Co Md.* Date *Nov 5, 1936*19. UNDERTAKER *Mrs Kate B. Williams*(Address) *322 S Schroeder St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance are as follows:

Acute Bronch. Inflammation Date of onset *2 days*

Other contributory causes of importance:

Acute Bronch. Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Arriident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Thos H Phillips*(Address) *1939 S Schroeder St.*

M. D.

Coroner

28765

F 28765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 11-3 Ward)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Mrs. Nellie Coffman

(a) Residence: No.

Westminster Ind.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female white

married

5a. If married, widowed, or divorced, name of husband (or) WIFE of

Henry D. Coffman

6. DATE OF BIRTH (month, day, year)

Aug 24, 1872

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

2

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Savings Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md -

FATHER

13. NAME

John Hesson

14. BIRTHPLACE (city or town) (State or country)

Md -

MOTHER

15. MAIDEN NAME

Elizabeth Crawford

16. BIRTHPLACE (city or town) (State or country)

Md -

17. INFORMANT

(Address)

H. D. Coffman, Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Westminster Md

19. UNDERTAKER

(Address)

H. D. Coffman, Westminster Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/5/36

22. I HEREBY CERTIFY. That I attended deceased from

10/23/36, 19 to 11/5/36, 19

I last saw him alive on 11/5/36, 19. Death is said

to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of Calcium

Other contributory causes of importance:

Was an operation performed? yes Date of 10/29/36

For what disease or injury? Cancer of Calcium

Name of operation: Enterocolostomy Date of 29

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

(Address)

W. P. Stephens Md Gen Hosp

M.

5-1936

19

Registrar

28766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28766

92-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Frederick St. Ward 4)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George Marion Sanders

If U.S. Veteran specify WAR

(a) Residence: No. 2420 Frederick St. Ward 4.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Harriet W. Westling (last WIFE of)

7. DATE OF BIRTH (month, day, year) Jan. 1 - 1858

8. AGE Years 78 Months 10 Days 3 If LESS than 1 day, hrs. 2 or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 0013

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing Co.

11. Date deceased last worked at this occupation (month and year) 7 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James Sanders

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Minnie Rees

16. BIRTHPLACE (city or town) France (State or country)

17. INFORMANT August K. Lockring (Address) 2420 Frederick St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 6 - 1936

19. UNDERTAKER J. B. H. H. & Son (Address) Baltimore

5 FEB 11 1936 Huntington Millers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Nov. 3, 1936

last saw him alive on Nov. 2, 1936. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Date of onset

1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Amos L. Dodd M. D.

(Address) 735 N. Fulton St.

28767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Friedricka Pauline Weber

If U. S. Veteran specify WAR

(a) Residence: No.

2805 Hollins

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Frank Weber

6. DATE OF BIRTH (month, day, year)

June 3 1886

7. AGE

70

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Christian Kall

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Friedricka Kall

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Francis J. Halliday 2709 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Bur. Date Nov 6 - 36

19. UNDERTAKER

(Address)

H. B. K. & Son 1200 N. Calvert St.

20. TIME

11:30

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. Hall

(Address)

1200 N. Calvert St.

Coroner

M. D.

F 28768

F 28768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Huntington St. Ward 7)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 2827 Huntington St.

(Usual place of abode)

Ward. 7

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Howard6. DATE OF BIRTH (month, day, year) Apr 8, 18787. AGE Years 58 Months 6 Days 27 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 003712. BIRTHPLACE (city or town) Fredk Co (State or country) MdFATHER 13. NAME Jno. R. Nichols 14. BIRTHPLACE (city or town) Fredk Co (State or country) MdMOTHER 15. MAIDEN NAME Rose Taylor 16. BIRTHPLACE (city or town) Fredk Co (State or country) Md17. INFORMANT Delia Nichols (Address) Bethesda, Md18. BURIAL, CREMATION, OR REMOVAL Place Wickerson, Md Date Nov 7, 193619. UNDERTAKER W. B. Hillon (Address) Barnesville, Md

5-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1936

22. I HEREBY CERTIFY, That I have charge of the remains described above, held in (request Autopsy or Inquiry)

obtained by said (request Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Infarction?
Chronic Myocarditis.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy Date of Nov 5, 1936What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury Nov 5, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Hillon

(Address)

Coroner

M. D.

28769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1298 Riverside St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Lawson Sawney(a) Residence: No. 1298 Riverside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 13-18557. AGE Years 81 Months 2 Days 21 If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME George Sawney14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Mrs J H Schuman
(Address) 1298 Riverside18. BURIAL, CREMATION, OR REMOVAL
Place Navy Cemetery Date 11/7/36 1919. UNDERTAKER John J. Fahay & Sons
(Address) 318 Light St.20. FILED 1036 19 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1936 to Nov. 3, 1936I last saw him alive on Nov. 2, 1936 death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/1/36

Other contributory causes of importance:

Exhaustion 11/2/36Name of operation None Date ofWhat test confirmed diagnosis clinical Are an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) J. L. Campbell M. D.
11/4/36 (Address) 1644 Hanover St

✓ F. 28770

28770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital 208 M
St. 12- Ward

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
specify WAR

2. FULL NAME

Martha Rebecca Thompson

(a) Residence: No.

Texas, Md

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed,
or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced
HUSBAND of Joseph E. Thompson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 27 1892

7. AGE Years Months Days
44 6 9
If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Carroll Co Md

13. NAME Milton Murray

14. BIRTHPLACE (city or town)
(State or country) Carroll Md

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town)
(State or country) Carroll Co Md17. INFORMANT Joseph E. Thompson
(Address) Texas, Md18. BURIAL, CREMATION, OR REMOVAL
Place Campo Ocaymilt Date Nov. 8 3619. UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held in (request, Autopsy or Inquiry)
thereon and from the evidence
obtained by said (request, Autopsy or Inquiry)
that said deceased came
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Fractured skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide. Date of injury 11-4 1936

Where did injury occur? York Road & M. & C. Ave

Specify whether injury occurred in industry, in home, or in public
place Highway

Nature of injury Run over by auto street

24. Was disease or injury in any way related to occupation of deceased?

No, certify

Signature of Registrar (Address) 907 N. Charles

Signature of Coroner (Address) 907 N. Charles

Signature of Registrar (Address) 907 N. Charles

Signature of Coroner (Address) 907 N. Charles

Signature of Registrar (Address) 907 N. Charles

Signature of Coroner (Address) 907 N. Charles

320678
228771

F 28771

HEALTH DEPARTMENT—CITY OF BALTIMORE

JOHNS HOPKINS HOSPITAL CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 9-9 (Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Charles H Jones

If U.S. Veteran specify WAR _____

(a) Residence: No. 1703 Lamont

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C (Wife)

6. DATE OF BIRTH (month, day, year) 7-31-82

7. AGE Years 54 Months 3 Days 21 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Eli Jones

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Jannie Martin

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date 11/6 1936

19. UNDERTAKER George J. Poth Jr. (Address) 735 N. ...

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1936 to Nov. 2 1936

I last saw him alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 10:55 P.

The principal cause of death and related causes of importance were as follows:

Left craniotomy for removal recurrent brain tumor

Other contributory causes of importance: None

Was an operation performed? Yes Date of 10-31-36

For what disease or injury? Recurrent brain tumor

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) James Monroe Mason (Address) Johns Hopkins Hospital Baltimore, Md.

5-1936

28772

HEALTH DEPARTMENT—CITY OF BALTIMORE

28772

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *7-5* Ward)Registered No. *46-D*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Aged Home, Sinai Hospital* St. *7-5* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed or divorced

HUSBAND of *Adelheid Adler*
(or) WIFE6. DATE OF BIRTH (month, day, year) *Feb. 18, 1857*7. AGE *79* Years *78* Months *8* Days *16* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balt.* (State or country) *Md.*FATHER 13. NAME *Abraham Rosenfeld*14. BIRTHPLACE (city or town) *Germany* (State or country)MOTHER 15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs. P. Goldensberg* (Address) *New York*

18. BURIAL, CREMATION, OR REMOVAL

Pl. *Balt. Heb. Cem.* Date *Nov. 6, 1936*19. UNDERTAKER *David Sander* (Address) *1902 Eutaw Place*20. FILED *5-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 4, 1936*22. I HEREBY CERTIFY. That I attended deceased from *July 1, 1935* to *Nov. 4, 1936*I last saw him alive on *Nov. 3, 1936* Death is said to have occurred on the date stated above, at *11:20 a.m.*

The principal cause of death and related causes of importance were as follow

*Carcinoma of Rectum*Date of onset *Jan., 1935*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *X-ray* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Bernard Lidman* M. D.(Address) *Sinai Hospital*

Registrar.

F 28773

F 28773 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7222 Hiltop Ave. St. 77-5 Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

(a) Residence: No. 7222 Hiltop Ave. St. 77-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary Klena6. DATE OF BIRTH (month, day, year) May 19, 18867. AGE Years 50 Months 5 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME John Klena14. BIRTHPLACE (city or town) Bohemia (State or country)15. MAIDEN NAME Annie Klena16. BIRTHPLACE (city or town) Bohemia (State or country)17. INFORMANT Mary Klena (Address) 7222 Hiltop Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 6, 193619. UNDERTAKER Frank Louch & Son (Address) 1906 Ashland Ave.20. FILE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Exhumation thereon and from the evidence obtained by said Exhumation find that said deceased came to his death on the day stated above.

(Impress, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Exhumation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Klenbar Coroner

M. D.

(Address)

1919 E. North Ave.

28774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28774

CERTIFICATE OF DEATH

12759

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Benjamin Sullivan Sutherland

If U.S. Veteran
specify WAR

(a) Residence: No. 1228 Morton St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced
HUSBAND of Sallie Sullivan
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 312-1873

7. AGE Years Months Days 63 7 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wefter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danville Va.
(State or country)

13. NAME Thornton

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Johanna Thornton

16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT E. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REINTERMENT

Placed in Cylvary Date Nov 6 1936

19. UNDERTAKER
(Address)Raymond Sanders
1413 E. Preston St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1934 to 11-4, 1936

I last saw him alive on 11-4, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Bronchopneumonia (Primary) 1 wk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

28775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28775

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Clarkson St. 23-3 Ward)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1608 Clarkson St., 23-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| a. If married, widowed, or divorced HUSBAND of <u>Elizabeth Filder</u> (or) WIFE of | | |
| DATE OF BIRTH (month, day, year) <u>Sept. 23, 1862</u> | | |
| AGE <u>74</u> | Years <u>1</u> | Months <u>12</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | 11. Total time (years) spent in this occupation <u>0086</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Strat Cleaner</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

2. BIRTHPLACE (city or town) (State or country)

Hungary
Emperor

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address) Elizabeth Filder
1608 Clarkson St.

8. BURIAL, CREMATION, OR REMOVAL

Place St. Agnes

Date 11/7

1936

9. UNDERTAKER

(Address) Richard F. Bailey
1341 Jordanville Ave.

FILED

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 10, 1936 to Nov. 5, 1936

I last saw him alive on Nov. 4, 1936 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis
(Indefinite)

Other contributory causes of importance:

Acute Dilatation of Heart 11/4/36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

W. H. Campbell
1644 Hanover St.

(Address)

28776

✓ F 28776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Luzerne Ave. St., 7-2 Ward)Length of residence in city or town where death occurred 5 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? yrs. 1 mos. 1 da.2. FULL NAME Louis J. Staab(a) Residence: No. 623 N. Luzerne Ave. St., 7-2 Ward.Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the Late Margaret Staab6. DATE OF BIRTH (month, day, year) July 23 - 18647. AGE Years 72 Months 3 Days 11 If LESS than
1 day, 1 hrs. 1 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Furniture Finisher
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. at Bagby Co
10. Date deceased last worked at
this occupation (month and
year) 6-1-14
11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Richmond
(State or country) Va.13. NAME Philip L. Staab14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Rosalia Eiferich16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Louis P. Staab (Son)
(Address) 612 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 7 193619. UNDERTAKER Gilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 193622. I HEREBY CERTIFY, That I attended deceased from
July 27 1936 to Nov 4 1936I last saw him alive on Nov 4 1936 Death is said
to have occurred on the date stated above, at 4:30 p. m.The principal cause of death and related causes of
importance were as follows:Disease of the coronary arteries (945)
(sclerosis of coronary artery)

Date of onset

?Nov1935

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed?

Date of July 31, 36

For what disease or injury?

Prostate hypertrophy

Name of operation

hypopubic sectionDate of July 31

What test confirmed diagnosis?

Deadly deathDate of Nov 423. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Victor B. Kirk MD

M. D.

(Address)

2904 Reisterstown Rd

5 - 1936

28777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28777

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mersey Hospital St. 212 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Carol Lappe

If U.S. Veteran specify WAR

(a) Residence: No. 1016 M Barre Street St. 212 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 6 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frank Lappe
14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Lavern Blackley
16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Valhalla Date 11/7/36

19. UNDERTAKER Bernard A. Fink (Address) 4014 Belair Road

20. FILED 5-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-1936

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1936, to November 5, 1936

I last saw him alive on November 5, 1936 Death is said to have occurred on the date stated above, at 4¹⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Nutritional diarrhea
Tetany

Date of onset
10/11/36
11/4/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Kelly M. D.

(Address) Mersey Hospital

28778

F 28778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.)

St. 13-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

W.W.

2. FULL NAME

Samuel D. Goldberg

(a) Residence: No. 2210 Lynbrook Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

November 8, 1898

7. AGE Years 37 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Eagles Lodge

10. Date deceased last worked at this occupation (month and year) April, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME Philip Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Sindler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Phil. Sindler Cemetery 11-6-36

19. UNDERTAKER (Address)

J. M. a durn, U.S. Marine Hospital

V 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1936

22. I HEREBY CERTIFY That I attended deceased from October 29, 1936, to November 5, 1936

I last saw him alive on November 5, 1936. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Stricture of urethra Extravasation of urine, scrotum

Date of onset

Unknown

Other contributory causes of importance:

Uremia, acute, coma

1 wk.

Was an operation performed? yes Date of 10/31 & 11/2

For what disease or injury? Stricture of urethra - 10/31 Cystostomy, suprapubic & Incision & drain Clin.

What test confirmed diagnosis? find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed T. M. U.S. Marine Hospital

(Address)

F 28779 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balti City Hospital 9-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Benjamin Roberts*

If U. S. Veteran

specify WAR

(a) Residence: No. *341 N. Bruce*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Carrie*6. DATE OF BIRTH (month, day, year) *April 7 1888*7. AGE Years *48* Months *6* Days *26* If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Northumberland Co. Virginia*
(State or country)13. NAME *George*
14. BIRTHPLACE (city or town) *Virginia*
(State or country)15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *George Roberts*
(Address) *648 Smithson St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt Auburn* Date *11/6/36* 1919. UNDERTAKER *Thomas E. Nelson*
(Address) *1303 Preston St*

20. FILED

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 3 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Uremic coma
Anterior hypertensive
Other contributory causes of importance:
Probably chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. W. Wright*(Address) *1010 S. Edmund Ave*

M. D.

28780

F 28780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St. 12 Ward)Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Margaret Alice Jenkins

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. Homewood Apts. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced
HUSBAND of Thomas E. Jenkins
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 20, 18597. AGE 77 Years 5 Months 16 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Pa.13. NAME Adam Klinefelter14. BIRTHPLACE (city or town), (State or country) Pa.15. MAIDEN NAME Margaretta Slade16. BIRTHPLACE (city or town), (State or country) Pa.17. INFORMANT Alice J. Richards
(Address) Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 193619. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place20. FILED 18-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1936 to Nov 4 1936I last saw him alive on Nov 4 1936 Death is said to have occurred on the date stated above, at 1230 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Cardiac Arrhythmia
Carcinoma of Pancreas

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. B. Freeman M. D.

(Address)

28781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-2 Ward)Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Edward Chaney(a) Residence: No. 1304 Gloucester Ave. St. Monell Park Ward. 94-B
(Usual place of abode) (If non-resident give city or town and State)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie Chaney
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 8th. 18767. AGE 59 Years 11 Months 25 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bioler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80
10. Date deceased last worked at this occupation (month and year) 35 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Ma.13. NAME William Chaney
14. BIRTHPLACE (city or town) Baltimore (State or country) Ma.15. MAIDEN NAME Sarah Jones
16. BIRTHPLACE (city or town) Baltimore (State or country) Ma.17. INFORMANT Mrs. Marian Sullivan
(Address) 3642 Old York Road.18. BURIAL, CREMATION, OR REMOVAL
Place St. Olivet Cemetery Date 11/6 193619. UNDERTAKER John J. Fahy & Sons
(Address) 1318 Light St.20. FILED 1936 Registrar, 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3rd. 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry)that said deceased came to his death on the day stated above, 5 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Sudden Death

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) Thos H P Phillips M. D.(Address) 9939 Edmondson Ave.

28782 HEALTH DEPARTMENT—CITY OF BALTIMORE 28782

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hosp 26-5*) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Wick

If U. S. Veteran

specify WAR

(a) Residence: No.

639 Rappolla St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

Nov. 5, 1936

8. AGE Years Months Days If LESS than 1 day, hrs. or min.

5 hrs.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Bald Md.

14. NAME

Philip Wick

15. BIRTHPLACE (city or town) (State or country)

639 Rappolla St. Baltimore Md.

16. MAIDEN NAME

Rebecca A. Hawk

17. BIRTHPLACE (city or town) (State or country)

N. J.

18. INFORMANT

(Address)

Philip R. Wick 639 Rappolla St.

19. BURIAL, CREMATION, OR REMOVAL

Place

Louisa Park

Date

Nov 6 1936

20. UNDERTAKER

(Address)

Mrs. John W. Deuph & Son 639 Rappolla St.

FILED 6 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Intra cranial injury

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. Selfo

M. D.

(Address)

John Hopkins Hosp.

28783

HEALTH DEPARTMENT—CITY OF BALTIMORE

28783

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 N. Wolfe St. 8-5 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theresa Josephine SpearIf U.S. Veteran specify War Record

(a) Residence: No.

2003 N. Wolfe

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of William N. Spear6. DATE OF BIRTH (month, day, year) Dec 29th 18877. AGE Years 48 Months 10 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Charles Ernest Hensler14. BIRTHPLACE (city or town) Balto (State or country) MD15. MAIDEN NAME Louisa Francis Lutz16. BIRTHPLACE (city or town) Balto (State or country) MD17. INFORMANT Louisa S. Twelz(Address) 2003 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 7th 193619. UNDERTAKER Wm Cook(Address) 1217 St Paul St20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 193622. I HEREBY CERTIFY, That I attended deceased from October 20th 1936 to November 7th 1936I last saw her alive on November 7th 1936 Death is said to have occurred on the date stated above, at 5:00 P.

The principal cause of death and related causes of importance were as follows:

Influenza and
Pneumonia

Date of onset

10/20/36

Other contributory causes of importance:

Cardiac Dilatation and
Emphysema11/2/36Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Albert C. C. C. M. D.(Address) 1070 E. North Ave

DV 6 - 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 E. Preston St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William LightnerIf U. S. Veteran
specify WAR(a) Residence: No. 2042 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary Ellen Lightner
(not written)6. DATE OF BIRTH (month, day, year) July 1, 18697. AGE Years 67 Months 4 Days 4 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman (Stationary)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Mayland
(State or country)13. NAME Jacob Lightner14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. M. E. Lightner
(Address) 2042 E. Preston St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 11/7/3619. UNDERTAKER Joseph J. Green
(Address) 1111 E. Pratt St.20. FILED 16-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach

Date of onset

Other contributory causes of importance:
Cardiac FailureWas an operation performed? Yes Date of Sept 5, 1936For what disease or injury? Carcinoma of StomachName of operation Exploratory laparotomy Date of Sept 5, 1936What test confirmed diagnosis? Chill Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schaeffer Coroner M. D.(Address) 1912 North Ave.

28735

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28785

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Hamilton St. Ward 6)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U.S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 2701 Hamilton St. Ward 6

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than
1 day. _____ hrs.
or _____ min.8. Trade, Profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3, 193622. I HEREBY CERTIFY. That I attended deceased from
10-10-, 1936 to 11-4, 1936I last saw deceased alive on 11-2, 1936 Death is said
to have occurred on the date stated above, at _____ m.The principal cause of death and related causes of
importance were as follows:Carcinoma of lungDate of onset
July 1936

Other contributory causes of importance:

metastases to brainWas an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Samuel Marjan
1013 7 Charles St. M. D.

28786

F 28786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Elmora Ave. St. 8-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 3220 Elmora Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary H. Steever

6. DATE OF BIRTH (month, day, year)

Oct 20 1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

67

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cor Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Penna Ave

10. Date deceased last worked at this occupation (month and year)

Dec 1936

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Daniel Steever

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Ann Broom

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

Mrs Mary H. Steever

(Address)

3220 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Porkwood Cemetery Date Dec 7 1936

19. UNDERTAKER

(Address)

Chas G. Blaylock 142 W. 1st St

6-1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 4 1936

22. I HEREBY CERTIFY, That attended deceased from

Jan 12 1936 to Mar 4 1936

I last saw him live on Mar 4 1936 Death is said

to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio Renal Disease

1 yr

Other contributory causes of importance:

Coronary Thrombosis

3 days

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. J. Neer

M. D.

(Address) 408 S. Pat Bk Ave

28787

F 28787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Goodwood Rd. Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles P. Mc Casland

If U.S. Veteran specify WAR

(a) Residence: No. 2700 Goodwood Rd. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. Color or Race White5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aileen Mc Casland6. DATE OF BIRTH (month, day, year) Aug. 27-1887

7. AGE

Years 54Months 2Days 7

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Longwood, N.C.13. NAME Mr. H. Mc Casland14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Aileen Mc Casland(Address) 2700 Goodwood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place ParkwoodDate 11-7-3619. UNDERTAKER Leonard J. [unclear](Address) 205 [unclear]Registrar. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/3622. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to 11/4/36, 19last saw him on 11/4/36, 19. Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of?

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned [Signature](Address) 5703 [unclear]

M. D.

FILED - 1936

28788

F 28788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 7-3* Ward)Registered No. *80*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* mos. *17* ds. How long in U. S. If of foreign birth? *7* yrs. *17* mos. *17* ds. If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2817 Goodwood Road*, Ward. *7*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Separated*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct. 29, 1885*AGE *✓* Years *51* Months *3* Day *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)13. NAME *Arthur F. Reymann*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Felicula Goeller*16. BIRTHPLACE (city or town) *Germany*
(State or country)7. INFORMANT *Arthur Reymann*
(Address) *2817 Goodwood Rd.*

8. BURIAL, CREMATION, OR REMOVAL

Body Reclaimed Date *11/7/36*9. UNDERTAKER *Remond & Finch*
(Address) *530 W. Hanford Rd.*10. FILED *At City of Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 4, 1936*22. I HEREBY CERTIFY, That I attended deceased from *11/9* 19*36* to *11/4* 19*36*I last saw him alive on *Nov. 4, 1936* Death is said to have occurred on the date stated above, at *8:10 p.m.*

The principal cause of death and related causes of importance were as follows:

*General Paresis
Sensory ataxia*

Date of onset

7?

Other contributory causes of importance:

*Cystitis
Parietal Convulsions**6 wks*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *fluids* Was there an autopsy? *NO.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel P. Alayza* M. D.(Address) *3316 Federal Ave*

6-1936

28789

HEALTH DEPARTMENT—CITY OF BALTIMORE

28789

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Guilford Ave. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Julia E. Rever,

(a) Residence: No. 3008 Guilford Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Harry M. Rever, (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29, 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 72 -- 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

13. NAME John Henninger,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hunichenn,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry M. Rever, (Address) 3008 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date NOV 6 1936

19. UNDERTAKER Robert S. Siddle (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 4 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 34 to Nov 4 1936 I last saw her alive on Nov 4 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Nephritis, Chronic

Other contributory causes of importance:

Cardiac Dilatation

Was an operation performed? Date of

For what disease or injury?

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

E. H. Doyle M. D. 817 Park Ave

NOV 6 - 1936

F 28790

✓ F 28790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Reisterstown Rd. - 4th Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 69 yrs. mo. d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Catherine Nutsch

If U.S. Veteran
specify WAR

(a) Residence: No. 2413 Reisterstown Rd. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|--|
| 1. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
| 6. If married, widowed, or divorced HUSBAND of George Nutsch (or) WIFE of | | |
| 7. DATE OF BIRTH (month, day, year) Dec. 1, 1845 | | |
| 8. AGE 90 | Years 11 | Months 4 |
| 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None | | |
| 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 11. Date deceased last worked at this occupation (month and year) | | |
| 12. Total time (years) spent in this occupation | | |

| |
|--|
| 2. BIRTHPLACE (city or town) (State or country) Germany |
| 13. NAME Geo. Schreiber |
| 14. BIRTHPLACE (city or town) (State or country) Germany |
| 15. MAIDEN NAME Brown |
| 16. BIRTHPLACE (city or town) (State or country) Germany |

7. INFORMANT Mrs. William H. Conner
(Address) 2413 Reisterstown Rd.8. BURIAL, CREMATION, OR REMOVAL
Place: Mount Ridge, Md. Nov. 17, 19369. UNDERTAKER Wm. J. Tucker Sons
(Address) North & Calver

FEB - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1936, to Nov. 5, 1936.

I last saw her alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

1 day

Other contributory causes of importance:

Arterio-sclerosis

1930

Chronic Interstitial Nephritis

1920

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

28791

F 28791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1724 Ellamont St.* *15-6* Ward)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33.5* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Benjamin Strauch*If U.S. Veteran
specify WAR(a) Residence: No. *1724 Ellamont St.* Ward. *15-6*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *May 16, 1873*7. AGE Years *63* Months *5* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Engineer-Elect.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mfd. Club.*10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Balto.*
(State or country) *Md.*13. NAME *Henry Strauch*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Catherine Ropt*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Miss Barbara Strauch*(Address) *1724 Ellamont St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Nov 7, 1936*19. UNDERTAKER *Wm. Michael Dons*(Address) *North e. Adams*

FILED 6-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from *March 4, 1936* to *Nov 5, 1936*I last saw him alive on *Nov 5, 1936* Death is said to have occurred on the date stated above, at *4 a.m.*

The principal cause of death and related causes of importance were as follows:

Hypertension & cardio vascular disease - Paralysis of left side.

Other contributory causes of importance:

*Cardiac Insufficiency.*Was an operation performed? Date of *4 yrs. 9 mo.*

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed *E. W. Thomas D.*(Address) *806 N. Fulton St.*

M. D.

28792 HEALTH DEPARTMENT—CITY OF BALTIMORE 28792

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 George St. 17-1 Ward)

Length of residence in city or town where death occurred 50 mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 610 George St. St., Ward. (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race C. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Berry

6. DATE OF BIRTH (month, day, year) March 1870

7. AGE 62 Years 8 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Product Designer Public 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Peter Berry

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Queenie

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. James Bernard (Address) 610 George St.

18. BURIAL, CREMATION OR REMOVAL Place Mt Calvary Cem 11/7/36

19. UNDERTAKER Mrs. Frances A. Kennedy (Address) 578 W. Biddle St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 31, 1936 to Nov. 4, 1936

I last saw him alive on Nov. 3, 1936 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar)

Date of onset Oct. 31

Other contributory causes of importance:

Nephritis (chronic)

Don't

know

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. White

M. D.

1344

Druid Hill Ave.

NOV 6 - 1936

28793 HEALTH DEPARTMENT—CITY OF BALTIMORE 28793

CERTIFICATE OF DEATH

18400

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

Registered No. 82-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME James Cant

(a) Residence: No. 722 N. Carey St. St. 16-2 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-7-1896 or 1897

7. AGE 40 Years Months Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ma.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem Date 11/7/36
Place

19. UNDERTAKER Mrs Frances C. Hemaley
(Address) 378 W. Biddle St.

20. FILED NOV 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-2, 1936 to 11-4, 1936.

I last saw him alive on 11-4, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 4 years

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John F. Ranney M. D.
Address Baltimore City Hospital

28794

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28794

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Louise Ave. St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2915 Louise Ave. St. 17-7 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 3 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

111111

6-1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936 to Nov. 5, 1936

I last saw her alive on Nov. 5, 1936 Death is said to have occurred on the date stated above, at 6:30 AM.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease

Date of onset

7/27/36

Other contributory causes of importance:

Pulmonary Aneurysm

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

100 E 20th St

F 28795 HEALTH DEPARTMENT—CITY OF BALTIMORE 28795

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Halcyon Ave. St. 27-33 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude M. Heller

(a) Residence: No. 2503 Halcyon Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of Oskar A. Heller
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar. 29, 1875

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| ✓ | 61 | 7 | 5 | |

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | At Home |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | 00 37 |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Saalbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Link,
(Address) 2503 Halcyon Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 7, 193619. UNDERTAKER
(Address) 7401 Belair Road

20. FILER 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carbon Monoxide poisoning
(illuminating gas)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 11/4/1936

Where did injury occur? 2503 Halcyon Ave. Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Killed on 5 gas jets in

Nature of injury gas poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

(Address) 1919 E. North Ave. Coroner

N. D. B. 1262-9
28796

✓ F 28796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH *Jenkins Memorial Hosp.*
CITY OF BALTIMORE: *No. 1000 Caton Ave.* St., *15-4* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Miss Adelaide Schmitt*

(a) Residence: No. *1616 West North Ave.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Feb 13 - 1888*

7. AGE Years *56* Months *8* Days *21* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *George Schmitt*

14. BIRTHPLACE (city or town) *Germany* (State or country) _____

15. MAIDEN NAME *Eugenia Sarg*

16. BIRTHPLACE (city or town) *Germany* (State or country) _____

17. INFORMANT *Jenkins Memorial Hosp.* (Address) *1000 Caton Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Nov. 9, 1936*

19. UNDERTAKER *Josiah Syfers* (Address) *1616 W. North Ave.*

20. *St. Agnes Hospital* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 5, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *October 3, 1936* to *November 5, 1936*

I last saw her alive on *November 3, 1936* Death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Large Intestine Date of onset *1935*
Generalized Abdominal Carcinomatous condition *1935*
Cardio-Vascular Failure *11-4-36*

Other contributory causes of importance:

Cachexia

Name of operation *Exploratory Laparotomy* Date of *August 1935*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *Louis H. Cleveland* M.D. (Address) *St. Agnes Hospital*

1936 - 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Schroeder St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 511 N Schroeder St., 18-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced Married

3a. If married, widowed, or divorced HUSBAND of Clara Bland Rawlings (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-24-1900

7. AGE 35 Years 36 Months 11 Days 219 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Repair

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Rawlings

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clara Bland Rawlings (Address) 511 N Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 11/6/1936

19. UNDERTAKER Chase & Co (Address) 514 N. Calhoun St. Baltimore Md

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage Nov 3, 1936
Concussion of Brain

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Date of Nov 3, 1936

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, in city public place

place 3rd floor Schroeder

Manner of injury self carrying trunk

Nature of injury Struck head causing heart concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D.

(Address) 507 Argonne St.

6-1936

28798

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28798

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5800 Wintthrop Ave Ward 4)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yes mos. da. How long in U. S. If of foreign birth? yes yrs. mon. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 5800 Wintthrop Ave

(Usual place of abode)

Ward. 4

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) May 14 - 19258. AGE Years 11 Months 5 Days 21 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation at school13. BIRTHPLACE (city or town) Balto.
(State or country)14. NAME John W. Miller15. BIRTHPLACE (city or town) Balto.
(State or country)16. MAIDEN NAME Anna H. Stares17. BIRTHPLACE (city or town) Balto.
(State or country)18. INFORMANT John W. Miller
(Address) 5800 Wintthrop Ave

19. BURIAL, CREMATION, OR REMOVAL

Place Marland Memorial Date Nov 7 193620. UNDERTAKER Math. R. G. Dippel
(Address) 31 S. Ann St21. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 5 - 193622. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Nov 5 / 36 19I last saw John alive on 11/5/36 19 Death is said to have occurred on the date stated above, at 10⁴⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Acute Intestinal
Hepatitis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Autopsy

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Miller(Address) 5703

M. D.

8799

✓ F 28799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Lennox St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 69 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 614 Lennox

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of Mary T. Bittorf
(or) WIFE of6. DATE OF BIRTH (month, day, year) About Feb 1/18887. AGE Years Months Days 23 If LESS than 1 day, hrs. or min. 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Could not ascertain14. BIRTHPLACE (city or town) Could not ascertain
(State or country)15. MAIDEN NAME Could not ascertain16. BIRTHPLACE (city or town) Could not ascertain
(State or country)17. INFORMANT Mrs. Hilda Gardner (Daughter)
(Address) 614 Lennox St.18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine City Date Nov 7 193619. UNDERTAKER Cardinal's Son
(Address) 220 S. Park St.

6 FILED 1936

St. Augustine, Fla.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1/36 19 to Nov. 5/36 19last saw him alive on Nov 4/36 Death is saidto have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Myocarditis
Hepatitis
CystitisOther contributory causes of importance: arterio-sclerosis

Date of and

Nov 4/36Jan 1936about 1 yr. durationJan 1936about1925Name of operation none Date ofWhat test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Walter Dubelt M. D.(Address) 2220 Garrison Blvd.

28800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28800

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1718 John St* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed or divorced HUSBAND of (or) *Margaret Miller*7. DATE OF BIRTH (month, day, year) *May 8 - 1870*8. AGE Years *66* Months *5* 28 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocery Provisions*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pharmacist*11. Date deceased last worked at this occupation (month and year) *Oct 24 - 1936* Total time (years) spent in this occupation *34 yrs*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Thomas H. Miller*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Blanche Kauffman*16. BIRTHPLACE (city or town) (State or country) *Frederick*17. INFORMANT (Address) *Margaret Miller*18. BURIAL, CREMATION, or REMOVAL Place *Wood Ridge* Date *10/30/36*19. UNDERTAKER (Address) *2244 E. Charles St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/6/36*22. I HEREBY CERTIFY, That I attended deceased from *10/30/36*, 19... to *11/6/36*, 19...I last saw him alive on *11/6/36* Death is said to have occurred on the date stated above, at *12:40* m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic E-V disease
*Coronary Thrombosis.*Other contributory causes of importance: *Diabetes Mellitus*Was an operation performed? *No.* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *Abraham A. Hunt* M. D.(Address) *Md. Gen. Hosp.*

FILED - 1936

19

Registrar.

28801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3928 Ridgewood ave
 CITY OF BALTIMORE: (No. 3928 Ridgewood 15-10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U.S. Veteran

specify WAR _____

2. FULL NAME Mary A Keeler

(a) Residence: No. 3928 Ridgewood 15-10 St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of Charles Keeler (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 28, 1876

7. AGE Years _____ Months _____ Days _____ 10 LESS than 1 day _____ hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) July 1, 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New York (State or country) New York

13. NAME Gertrude Barnes

14. BIRTHPLACE (city or town) England (State or country) _____

15. MAIDEN NAME Rachel Keeler

16. BIRTHPLACE (city or town) Ireland (State or country) _____

17. INFORMANT Mrs Adelaide Walters (Address) 3928 Ridgewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Creek D.C. Date 11/9 1936

19. UNDERTAKER William Cook (Address) 1217 So Paul St

20. FILLED 1936 H. E. F. F. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 to Nov 6 1936

I last saw him alive on Nov 5 1936 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Supraventricular fibrillation,
Cerebral Arteriosclerosis

Date of onset 9/26/36

Other contributory causes of importance:

Acute Heart Failure

Date of onset 11/4/36

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. E. Poulton

(Address) 3909 Sanson Blvd

M. D.

M. D. 1936
F 28802

F 28802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Fleet St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 59 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3111 Fleet St., 1-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Margaret Quinn
(or) WIFE of Jan 29-1877

6. DATE OF BIRTH (month, day, year)

7. AGE 56 Years 9 Months 6 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) Balto
(State or country) md13. NAME John Quinn14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Rebecca Ann Towson16. BIRTHPLACE (city or town) Balto
(State or country) md17. INFORMANT Mrs. P. Quinn
(Address) 3111 Fleet St18. BURIAL, CREMATION, OR REMOVAL
Place North Cathedral Date 11/7/3619. UNDERTAKER John A. Morgan
(Address) 2000 E. Baltimore20. FILED 1936 Nov 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Nov 4, 1936I last saw him alive on Nov 4, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach 2/1/35

Other contributory causes of importance:

Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____

(Signed) Eugene Zeller M. D.(Address) 2739 Eastern Ave

F 28803

8803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 7-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U.S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 1000 Block Myrtle Ave.
(Usual place of abode)Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) 1872AGE 64 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

2. BIRTHPLACE (city or town) (State or country) Hyndbary Co.,

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown7. INFORMANT Dr. C. G. Trigg(Address) 1119 24th Lane

8. BURIAL, CREMATION, OR REMOVAL

Place Abertus MemorialDate Nov. 9/19369. UNDERTAKER Mrs. Geo. H. Holland(Address) 1631 Broad Hill Ave.

10. FILED

12-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 193622. I HEREBY CERTIFY. That I attended deceased from Oct. 28, 1936, to Oct. 31, 1936I last saw him alive on Oct 31, 1936. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Massive intracerebral hemorrhage.
Subarachnoid hemorrhage.

Date of onset

11-24-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edward Z. Cotten(Address) University Hospital

M. D.

F 28804

28804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-a

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7002 Wilsey Ave Ward 9-1)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 54 yrs. 5 mos. 5 ds.

2. FULL NAME

Edith Mary Link
(a) Residence: No. 7002 Wilsey Ave St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>John E. Link</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 27, 1882</u> | | |
| 7. AGE <u>54</u> | Years <u>54</u> | Months <u>5</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)
Baltimore

13. NAME
Sylvester Stortz

14. BIRTHPLACE (city or town) (State or country)
Germany

15. MAIDEN NAME
Ernesta Schmidt

16. BIRTHPLACE (city or town) (State or country)
Germany

17. INFORMANT
(Address) Edith Link
7002 Wilsey Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 7, 1936

19. UNDERTAKER
(Address) John Ullrich
2008 Orleans St

20. FILED
6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1936
22. I HEREBY CERTIFY That I attended deceased from Nov 4, 1936 to Nov 4, 1936
I last saw her alive on Nov 3, 1936 Death is said to have occurred on the date stated above, 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Malignant Papillo-cystoma of ovaries (Bilateral salpingo-oophorectomy & hysterectomy)
Date of onset 5/4/34

Other contributory causes of importance:
Recurrent malignancy (Carcinoma abdominalis), Toxicemia, Cachexia
Date of onset 5/4/36

Was an operation performed? Yes Date of 5/5/34
For what disease or injury? Malignant papillo-cystoma of both ovaries.
What test confirmed diagnosis? Biopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) David Rander M. D.
(Address) 1517 E North Ave

28805 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28805

17903

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 12-713-B)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Inez Saunders

If U.S. Veteran specify WAR

(a) Residence: No. 2416 Oak St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-10-1936

7. AGE Years Months 8 7 Days 33 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME Okley Saunders

14. BIRTHPLACE (city or town) (State or country)

?

15. MAIDEN NAME Queenie Ewell

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New York

Date November 6, 1936

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-36, 19

22. I HEREBY CERTIFY. That I attended deceased from 10-13-36, 19, to 11-3-36, 19.

I last saw her alive on 11-3-36, 19. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury? None

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

R. B. J. J. J.

(Address)

Baltimore City Hospital

M. D.

FILED

1936

2723

28806

F 28806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Women's Hospital / 4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *16* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lissa McBurney Dumbauld(a) Residence: No. *44*

(Usual place of abode)

South Mt. Vernon Ave., Uniontown, Penn.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced, name of (or) WIFE of *Horatio S. Dumbauld*6. DATE OF BIRTH (month, day, year) *May 12 1870*7. AGE Years *66* Months *5* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *house wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Dickerson Run Pa.* (State or country)13. NAME *John Mac Burney* 14. BIRTHPLACE (city or town) *Dickerson Run Pa.* (State or country)15. MAIDEN NAME *Susan Hads worth* 16. BIRTHPLACE (city or town) *Dickerson Run Pa.* (State or country)17. INFORMANT *Horatio S. Dumbauld* (Address) *44 S. Mt Vernon Ave*18. BURIAL, CREMATION, OR REMOVAL *Uniontown Pa.* Place *Uniontown Pa.* Date *Nov 7 1936*19. UNDERTAKER *Henry M. Rubin's Sons* (Address) *1111 N. Orchard St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 6 1936*22. I HEREBY CERTIFY. That I attended deceased from *October 21 1936* to *Nov. 6 1936*I last saw her alive on *Nov. 6 1936*. Death is said to have occurred on the date stated above, at *7 10 A* m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis (Abdominal)

Date of onset

*2**Nov*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

G. Franklin M. Hawley

M. D.

(Address)

Roman's Hospital

FILED 1936

Registrar.

F 28807

28807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2783 Alameda Blvd. St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George H. Shaw.

(a) Residence: No. 2783 Alameda Blvd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

6a. If married, widowed, or divorced
HUSBAND of Magdalena C. Shaw.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8/1868.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 1 26

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Mould Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston Mass.
(State or country)

13. NAME Hartman Shaw.

14. BIRTHPLACE (city or town) England.
(State or country)

15. MAIDEN NAME Eliza Ogilvie.

16. BIRTHPLACE (city or town) England.
(State or country)17. INFORMANT MRS Magdalena C. Shaw.
(Address) 2783 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Park View Cemetery Date Nov 7th 193619. UNDERTAKER
(Address)Schloman & Son
1539 Waverly St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to Nov 4th 1936
Last saw him alive on Nov 3, 1936 Death is said to have occurred on the date stated above, at 7:30 AM.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Nov 3

Other contributory causes of importance:

Stroke of apoplexy
July 1936
Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

and If not, specify

(Signed)

(Address)

J. L. Zimmerman
2858 Harford Rd

1936

28808

F 28808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 F 28 St.

St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dorothy Luella Smith

If U. S. Veteran specify WAR

(a) Residence: No.

712 F St. Sparrow Pl. Balto. Co. Md

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

✓

7. DATE OF BIRTH (month, day, year)

July 18, 1894

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

42

3

19

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Secretary 6086

10. Date deceased last worked at this occupation (month and year)

4/1/76

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Frederick Smith

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Anna Kemple Rafter

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Jacob Spenceman (Brother-in-law)

(Address) 1529 F 28 St.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore County Date 11/9 36

19. UNDERTAKER

William Cook

(Address) 1217 St Paul St

20. FILED

1936

Huntington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1936

22. I HEREBY CERTIFY, That I attended deceased (from Nov. 2, 1936 to Nov. 6, 1936)

I last saw him alive on Nov 5, 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Acute Dehydration Heart

Date of onset

4 2 hrs.

Other contributory causes of importance:

Myocardial infarction acute

40.

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. F. A. Stevens

M. D.

(Address) 2878 Starryord Rd

F 28809

28809 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Russell & Annapolis Ave. 5-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. / ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran
specify WAR

2. FULL NAME Robert J. Winebrenner.

(a) Residence: No. 324-A. Hollins Ferry Rd./Baltimore, Co. Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, ~~XXXXXXXXXXXX~~

HUSBAND of Evelyn M. Winebrenner.

6. DATE OF BIRTH (month, day, year) June 28, 1899

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 37 | 4 | 7 | 6 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

13. NAME Thomas J. Winebrenner.

14. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

15. MAIDEN NAME Sarah Young.

16. BIRTHPLACE (city or town) Frederick, Md.
(State or country)17. INFORMANT Evelyn M. Winebrenney (wife)
(Address) 324-A. Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place *Prepared OK*

Date 11/7/36

19. UNDERTAKER

(Address)

William Cook
1217 S. Paul St.

6 NOV 1936

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

11/6/36

1017 S. Charles St.

M. D.

28810

F 28810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1200 - Valley* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Wid.*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John O'Fallon*6. DATE OF BIRTH (month, day, year) *31 Jan 1845*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
91 *9* *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town). *Baltimore, Md.*
(State or country)13. NAME *Henry Michael*
14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Mary ?*
16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Sister Stanislas, Sup.*
(Address) *Little Sisters of the Poor*18. BURIAL, CREMATION, OR REMOVAL
Place *Sacred Heart* Date *Nov. 7* 193*6*19. UNDERTAKER *Bila Wundfeld*
(Address) *914 Greenmount Ave*20. TIME *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 5 -* 193*6*22. I HEREBY CERTIFY, That I attended deceased from *Oct* 19*32* to *Nov 5* 19*36*I last saw *her* alive on 19 .. Death is said to have occurred on the date stated above, at *8:40 P.* m.

The principal cause of death and related causes of importance were as follows:

Chr. nephritis

Date of onset

2

Other contributory causes of importance:

*Nervous**187*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Phys. Lab* Date of
What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *L. M. C. Gordon*

M. D.

(Address) *1114 N. ...*

28811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. Washington St., 8-7 Ward)Registered No. 93-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Christina WernsingIf U. S. Veteran
specify WAR(a) Residence: No. 1514 N. Washington St., 8-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of George Wernsing
(or) WIFE of7. DATE OF BIRTH (month, day, year) 18657. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt.
(State or country) MD.13. NAME Jacob Reed14. BIRTHPLACE (city or town) Balt.
(State or country) MD.15. MAIDEN NAME Christina Ernstberger16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT George Wernsing
(Address) 1514 N. Washington St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 9, 193619. UNDERTAKER John C. Miller
(Address) 2435 E. Avenue A

8 - 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquest (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schender Coroner M. D.(Address) 1919 E. North Ave.

28812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. / _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.
If U. S. Veteran specify WAR _____2. FULL NAME Virginus F. Riley(a) Residence: No. 12 Selma Ave. Halethorpe St., md Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Inez S. Riley
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 22nd 18967. AGE Years 40 Months 10 Days 15 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B&O.R.CO.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60

OCCUPATION

FATHER
MOTHER12. BIRTHPLACE (city or town) Baltimore
(State or country) Ma.13. NAME Harry W. Riley14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Catherine Stone16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Inez S. Riley (Wife)
(Address) 12 Selma Ave18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 9 193619. UNDERTAKER John F. Deary
(Address) 15 Light St.

20. F.M.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6th 1936 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above, 3 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Cirrhosis
of Liver
Chronic Pancreatitis
March 1936

Date of onset

Other contributory causes of importance: none

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No, If so, specify _____

(Signed) Thos H Phillips M. D.(Address) 1930 Edmondson Ave Coroner

F 28813

28813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. General Hosp. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3620 Elm Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Emma Stinchicum
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 3 18677. AGE 69 Years 7 Months 2 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 184
10. Date deceased last worked at this occupation (month and year) May 1934
11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) (State or country) MD.13. NAME William Stinchicum14. BIRTHPLACE (city or town) (State or country) MD.15. MAIDEN NAME Margaret Benson16. BIRTHPLACE (city or town) (State or country) MD.17. INFORMANT Laurence Stinchicum
(Address) 3630 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 9, 1936

19. UNDERTAKER

(Address) 3615 13th St. Baltimore20. YEAR 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5th, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1936 to Nov. 5th, 1936I last saw him alive on Nov. 5th, 1936 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) H. S. Simpf

M. D.

(Address)

West Balt. General Hosp.

F 28814

28814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 Vincent St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1640 Vincent St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) unknown7. AGE about 65 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joshua Hacabius14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia E. Walks16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT John L. Richardson(Address) 1640 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Cemetery Date Nov 7 193619. UNDERTAKER Archibald C. Goodie(Address) 2101 34th Ave. Baltimore20. 1936

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held all thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry) 110 Pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza German?

Other contributory causes of importance:

Seriously

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ham(Address) 1215 N. Main St.

Coroner

M. D.

815-9

Maimone

F 28815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lindai Hospital St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Catherine Baista or Maimone

If U. S. Veteran

specify WAR

(a) Residence: No. 2630 Fair Ave.St., 1-3 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, divorced, or separated, name of HUSBAND or (or) WIFE of Samuel Maimone7. DATE OF BIRTH (month, day, year) 18818. AGE Years 55 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 002711. Date deceased last worked at this occupation (month and year) 0027 11. Total time (years) spent in this occupation 002712. BIRTHPLACE (city or town) Italy13. NAME Walter Maitelto14. BIRTHPLACE (city or town) Italy15. MAIDEN NAME Walter Maitelto16. BIRTHPLACE (city or town) Italy17. INFORMANT Anthony Baista(Address) 2630 Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date 11/9 1936

19. UNDERTAKER

(Address) 2811 ...

NOV 7 - 1936

19 Huntington ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Cerebral ApoplexyWas an operation performed? No Date of 0For what disease or injury? 0Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Paul Schenker

Coroner

M. D.

(Address) 1919 E. North Ave.

28816 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28816

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 17-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Taylor (16501)

(a) Residence: No. 711 Bradley St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) ??? 1904

AGE 32 Years 3 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reverend

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

9. Date deceased last worked at this occupation (month and year) _____

10. Total time (years) spent in this occupation _____

11. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Isaac

13. BIRTHPLACE (city or town) (State or country) ??

14. MAIDEN NAME Ella Downey

15. BIRTHPLACE (city or town) (State or country) Md.

16. INFORMANT Hospital Records
(Address) _____

17. BURIAL, CREMATION, OR REMOVAL

Place At Home Date 11/9/36

18. UNDERTAKER Thos. E. Johnson
(Address) 1302

19. FILED 1936 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1936 to November 4, 1936

I last saw him alive on November 4, 1936 Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset March 1936

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Leah H. Feldman M. D.

(Address) Baltimore City Hospital

F 28817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME James Skinner (17696)

(a) Residence: No. 1203 Watercoat St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 4, 1904

7. AGE Years 32 Months 8 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Balt.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mamie Roberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Wm Auburn Date 11/7/36 19.

19. UNDERTAKER Thos. E. Kellogg

(Address) 1203 Watercoat St.

20. FILED 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 5, 1936 to November 5, 1936

I last saw him alive on November 5, 1936 Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset June 1936

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clinical there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No _____ Specify _____

(Signed) Wm H. Feldman M. D.

(Address) Baltimore City Hospitals

28818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23818

CERTIFICATE OF DEATH

REGISTERED NO. 93-2

1-PLACE OF DEATH

City of BALTIMORE: (No. 1819 M^e Culloch

St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Idella Hays

(a) RESIDENCE NO.

1819 M^e Culloch

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 Color or Race

C

5 Single, Married, Widowed, or Divorced, (write the word)

m

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Daniel W. Hays

6 DATE OF BIRTH (month, day, and year)

Sept 22 - 1864

7 AGE

72

Years

Months

Days

IF LESS than
1 day.....hra.
or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Monrovia

(State or country)

Tenn

10 NAME OF FATHER

John Carner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Monrovia Tenn

12 MAIDEN NAME OF MOTHER

Niece Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Monrovia Tenn

14

Informant
(Address)Ella G. O'Vays.
819 M^e Culloch

7-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

November 5, 1936

17

I HEREBY CERTIFY, That I attended deceased from

April 15, 1935, to Nov 5, 1936

that I last saw her alive on Nov 4, 1936

and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(Arterio-Sclerotic)CONTRIBUTORY
(Secondary)

(duration) ? yrs. mos. Exhaustion

(duration) yrs. mos. 4

18 Where was disease contracted

If not at place of death?

Did an operation precede death? m Data of

Was there an autopsy? m

What test confirmed diagnosis? Physical Exam

(Signed) Dr. Hughes M. D.

11/6, 1936 (Address) 825 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Auburn Cem.

Date of Burial

11/7 1936

20 UNDERTAKER

Mrs. G. H. Ireland

ADDRESS

1136 Dundas Hill Ave

28819

✓ F 28819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? *7* yrs. *7* mos. *7* ds.

2. FULL NAME

Mollie Faulkner

If U. S. Veteran specify WAR _____

(a) Residence: No. *1307 N. Triche*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Chas. Faulkner*6. DATE OF BIRTH (month, day, year) *1891*7. AGE Years *45* Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own home*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *South Boston* (State or country) *Mass*

13. NAME

14. BIRTHPLACE (city or town) *Mass* (State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *Mass* (State or country)17. INFORMANT *Elizabeth Creek* (Address) *1027 Harlem Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Arbutus Memorial* Date *Nov 8, 1936*19. UNDERTAKER *Mrs. George A. Holland* (Address) *1637 Denial St*20. FILED *7-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11. 5.*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10.17.*, 19*36* to *11.5.*, 19*36*I last saw her alive on *11.5.*, 19*36* Death is said to have occurred on the date stated above, at *2:40 p.m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Thrombosis*Date of onset *10.17.36*

Other contributory causes of importance:

*Cardiac dilatation**11.4.36*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) *James G. Carr*(Address) *515 Mosher St*

M. D.

28821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28821

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Med. Gen. Hosp - 13-6* St. *W 6*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Bay Seltzinger

If U. S. Veteran specify WAR

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male white Infant

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Oct 31 / 1936

AGE

Years

Months

Days

if LESS than 1 day, hrs. or min.

—

—

65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balti city mds

13. NAME

Anthony R. Litzinger

14. BIRTHPLACE (city or town) (State or country)

md.

15. MAIDEN NAME

Nellie E. Muler

16. BIRTHPLACE (city or town) (State or country)

md.

17. INFORMANT

(Address)

Anthony R. Litzinger 857 91-334 at

18. BURIAL, CREMATION, OR REMOVAL

at Mary's funeral home Date Nov. 7 / 36

19. UNDERTAKER

(Address)

Walter Davis 3418 Chestnut bar

7 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 6, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 31, 1936* to *Nov 6, 1936*I last saw him alive on *Nov 6, 1936* Death is said to have occurred on the date stated above, at *2:15 P.m.*

The principal cause of death and related causes of importance were as follows:

*discolitis*Date of onset *11/1/36*

Other contributory causes of importance:

*exhaustion**11/2/36*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

W. P. Sledgers M. D. Md Gen Hosp

8822

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28822

CERTIFICATE OF DEATH

46c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W. Spring St. 5-1 Ward)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 606 W. Spring St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widow, or divorced, HUSBAND of Marie Gatewood (or WIFE of)

DATE OF BIRTH (month, day, year) May 24, 1888

AGE Years 48 Months 5 Days 11 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rug Co. 1070

10. Date deceased last worked at this occupation (month and year) Baltimore

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anderson B. Gatewood

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

7. INFORMANT Marie Gatewood

(Address) 606 W. Spring Street

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Robert L. Young

(Address) 804 N. Caroline St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1936 to 11/5, 1936

I last saw him alive on 11/4, 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma

large intestine 1935

Other contributory causes of importance: Pyelitis Aug '36

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

Rayner Home

(Address) 1500 E. Madison St. M. D.

Registrar.

7 - 1936

28823

F 28823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jacob Mahle (Middle Name) Frederick

If U. S. Veteran specify WAR

(a) Residence: No.

5014 Isgrawn Oak Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Margaret Mahle*6. DATE OF BIRTH (month, day, year) *April 20, 1868*7. AGE *68* Years Months *6* Days *17* 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired Grocer*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *John Christian Mahle*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Margaret Lewis*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *Mr. Herbert G. Mahle*(Address) *3700 Woodbine Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lenox H. Cem.* Date *19*19. UNDERTAKER *Wm. J. Teckner & Son*(Address) *1111 N. E. Pa.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 6, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 25*, 19*36* to *Nov. 6*, 19*36*.I last saw him alive on *Nov. 6*, 19*36* Death is said to have occurred on the date stated above, at *4 A. M.*

The principal cause of death and related causes of importance were as follows:

1. *Prostatic hyperplasia*
2. *Hypertensive cardiac - vascular disease*
3. *generalized arteriosclerosis*Date of onset *1934*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *11-2-36*For what disease or injury? *Prostatic hyperplasia*Name of operation *Prostatectomy* Date of *11-2-36*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. J. Teckner* M. D.(Address) *1111 N. E. Pa.*

7-1936

19 Registrar

28824

✓ F 28824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 N. Fulton Ave. St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie B. Bartholomay

(a) Residence: No. 2127 N. Fulton Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widowed |

6. If married, widowed, or divorced

HUSBAND of Harry L. Bartholomay
(or) WIFE of

DATE OF BIRTH (month, day, year) August 16, 1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|-----|-------|--------|------|----------------------------------|
| 59 | 2 | 20 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Talbot Co.
(State or country) Md.

13. NAME Philip Townsend

14. BIRTHPLACE (city or town) Talbot Co.
(State or country) Md.

15. MAIDEN NAME ? Benson

16. BIRTHPLACE (city or town) Talbot Co.
(State or country) Md.7. INFORMANT Mrs. E. F. Brosnahan
(Address) 5507 Magnolia Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 9, 1936

9. UNDERTAKER
(Address)Wm. J. Siefert & Son
1000 Pa Ave

V 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1936.

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1936 to November 6, 1936

I last saw her alive on Nov. 6, 1936 Death is said to have occurred on the date stated above, at 6:45 PM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical findings biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Maurice E. Shamer M.D.

(Address) 3300 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

28825

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Albert Fields

If U.S. Veteran specify WAR

(a) Residence: No.

1017 N. Mount St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Carrie

6. DATE OF BIRTH (month, day, year)

5-28-1891

7. AGE

45

Months

5

Days

6

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

Wm James

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Anna Brown

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Nov 7 1936

19. UNDERTAKER

(Address)

J.A. Brooks 1463 N. Carey St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 10, 1936, to Nov - 4, 1936

I last saw him alive on Nov 4, 1936 Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset 11/4/36

Other contributory causes of importance:

Coronary sclerosis Hypertensive Cardio-vascular Disease

11/1/35

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frederick C. Koberg

M. D.

(Address) Johns Hopkins Hospital

V7-1936

F 28826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28826

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Ash St ST. 13-8 WARD)2-FULL NAME Merrymay B Howard(a) RESIDENCE NO 3629 Ash St

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.ST. 13-8 WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Elva Howard

6 DATE OF BIRTH (month, day, and year)

July 12/1895

7 AGE

41 Years3 Months24 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)Cotton Duck weaver
Cotton Duck Mfg

(c) Name of employer

M Vernon G

9 BIRTHPLACE (city or town) (State or country)

Maryland

10 NAME OF FATHER

Moses M Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md

12 MAIDEN NAME OF MOTHER

Laura B Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md

14 Informant

Elva Howard
(Address) 3629 Ash St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov 6 19 36

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Arterio Sclerosis
High Blood Pressure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Clinical
Celluloid
Coroner

M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

Poplar Cem. Warren Md11-8 19 36

UNDERTAKER

ADDRESS

Franklin W Seely 814 26 36 St

Filed 1836

82727
3261

F 28827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Herman Schwartz

If U.S. Veteran
specify WAR

(a) Residence: No. 138 W - Locust St. St.,

Ward Salisbury - Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary -

7. DATE OF BIRTH (month, day, year) 7/24/85-

8. AGE Years 0-1 Months 3 Days 29 If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shoe Repair

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wm's

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Louis Schwartz

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Luis

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Friends -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Date Nov. 8 1936

19. UNDERTAKER

(Address) 11 E. Balto St.

20. FILED

7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1936, to Nov. 5, 1936

I last saw him alive on Nov. 5, 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Carcinoma of Bladder (Removal)
Carcinoma of Brain, secondary?Date of onset
1929
1932
Oct. 1936

Other contributory causes of importance:

Terminal Broncho-pneumonia Oct. 1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Rudolph E. Blount M. D.

(Address) Johns Hopkins Hosp. - Balt. Md.

28828

F 28828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Hosp. St. 27-18 Ward 46-c)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 3704 Spaulding Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Mollie (last name of)7. DATE OF BIRTH (month, day, year) 18828. AGE Years 54 Months Days If LESS than 1 day.....hrs. or.....min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Store
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
11. Date deceased last worked at this occupation (month and year) Oct 29, 1936
12. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Louis Herman
14. BIRTHPLACE (city or town) Germany. (State or country)15. MAIDEN NAME Barbara Goldsmith
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs Mollie Herman (Address) 3704 Spaulding Ave18. BURIAL, CREMATION, OR REMOVAL Place Ches. Shalom Date Nov. 8, 193619. UNDERTAKER Sol. Winton & Sons (Address) 1127 E. Balto St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936 to Nov. 4, 1936I last saw him alive on Nov. 4, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid
Perforation of Sigmoid
Peritoneal Abscess

Date of onset

Oct 29, 1936

Other contributory causes of importance:

Myocardial failure
UremiaWas an operation performed? no Date of.....

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel S. Belgarod M. D.(Address) Lincoln Hospital

77-1936

F. 28829

F 28829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W. Fairmount Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1523 W. Fairmount Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced (or) WIFE of Henry Cornelius Nutt

7. DATE OF BIRTH (month, day, year) April 19, 1880

8. AGE 46 Years 6 Months 17 Days If LESS than 1 day, — hrs. or — min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Northumberland Co. Va. (State or country)

14. NAME David Rich

15. BIRTHPLACE (city or town) Northumberland Co. Va. (State or country)

16. MAIDEN NAME Sophronia Beale

17. BIRTHPLACE (city or town) Northumberland Co. Va. (State or country)

18. INFORMANT Rosa Rich (Address) 2011 - Mc Cullah St.

19. BURIAL, CREMATION, OR REMOVAL Place Arbutus Road to Nor 8, 36

20. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schotten St.

21. FILED 1936 The City of Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.5.36 19

22. I HEREBY CERTIFY, That I attended deceased from 11.4.36 19 to 11.5.36 19

I last saw her alive on 11.5.36 19. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage 11.4.36 Chronic Nephritis 7.15.36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) James M. Fair M. D.

(Address) 1855 W. Lexington St.

28830

F 28830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 27 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George Webster Orem

If U.S. Veteran

specify WAR _____

(a) Residence: No. 112112 South Fulton Ave. St.

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|--|
| SEX <u>Male</u> | 1. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|--------------------|----------------------------------|--|

4. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Dec. 10, 1936

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.27

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry of business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

13. NAME

George W. Orem

14. BIRTHPLACE (city or town) (State or country)

Howard Co, Maryland

15. MAIDEN NAME

Margaret Traud

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

17. INFORMANT

Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Good Shepherd Ch. Date Nov. 8, 1936

19. UNDERTAKER

(Address)

Easton Sons, Catholic City

FILED

7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 193622. I HEREBY CERTIFY, That I attended deceased from October 31, 1936 to November 6, 1936I last saw him alive on November 6, 1936 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumoniaDate of onset
Nov. 4

Other contributory causes of importance:

Pyloric StenosisWas an operation performed? No

Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Gilson J. Wells

M. D.

(Address)

University Hospital

28831

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28831

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MOTHER'S NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury 11-4-36

Where did injury occur? _____ (Specify city or town, county, and State) _____

Specify whether injury occurred in industry, in _____ place _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) _____ M. D.
(Address) 907 N. Charles St.

8832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28832

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. 3-508)

Newland St. W (rd)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Ruth N. Weston

(a) Residence: No. 3508

NEWLAND RD

St.,

Ward. City

(Usual place of abode)

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

April 3, 1879

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

57

4

47

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)King's Mountain
Virginia

13. NAME

James M. Smart

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MAIDEN NAME

Lucy Ann Smart

16. BIRTHPLACE (city or town)
(State or country)

Virginia

17. INFORMANT

(Address)

Harry G. Spears
3508 Newland Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

3508 Newland Rd

Date

11/8, 1936

19. UNDERTAKER

(Address)

William Cook
147 S. Paul St

20. FILED

V 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/7

1936

22. I HEREBY CERTIFY, That I attended deceased from

10/24/36

19

to 11/7

1936

I last saw her alive on 11/7, 1936. Death is said

to have occurred on the date stated above, at 11:07 A.M.

The principal cause of death and related causes of
importance were as follows:Carcinoma of bladder with
general metastases
Cachexia +

Date of onset

?

Other contributory causes of importance:

None

Was an operation performed?

Yes

Date of

10/26/36

For what disease or injury?

Suspected Carcinoma of bladder.

What test confirmed diagnosis? Yes. Pathological exam. No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Claggett, M.D.

M. D.

(Address) Union Memorial Hospital

F 28833

F 28833 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Harner St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 924 Harner St., 21-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hallaw

6. DATE OF BIRTH (month, day, year) 11 18 71

7. AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hazzworth

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11 18 71 11. Total time (years) spent in this occupation 20 3

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jane Bishop

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Q Month Calvert Co Md

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Calvert Co Md Date 11-18-71 1934

19. UNDERTAKER James A Hayes 142 W 11th St

20. FILLED 8-11-76

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 6, 1934 to Nov 8, 1934

I last saw her alive on Nov 6, 1934 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Acute Cholecystitis

Other contributory causes of importance:

Nephritis (Chronic)

Name of operation physical signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) and in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Thompson M. D.

(Address) 501 W. Lombard St

28834 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Elks Home*
 CITY OF BALTIMORE: (No. *Madison + McPherson St.* Ward) Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred: *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME *Virginia Lynch*
 (a) Residence: No. *1020 W. Lafayette Ave.* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Col.</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Nathaniel Lynch</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>March 2, 1918</i> | | |
| 7. AGE <i>18</i> Years | Months <i>8</i> | Days <i>2</i> |
| If LESS than 1 day, ____ hrs. or ____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Waitress</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0070</i> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| 11. Total time (years) spent in this occupation _____ | | |
| 12. BIRTHPLACE (city or town) <i>Baltimore, Md.</i> (State or country) | | |
| FATHER | 13. NAME <i>Harry Myer</i> | |
| | 14. BIRTHPLACE (city or town) <i>Cardrola</i> (State or country) | |
| MOTHER | 15. MAIDEN NAME <i>Bertha Robinson</i> | |
| | 16. BIRTHPLACE (city or town) <i>Caroline Co.</i> (State or country) | |
| 17. INFORMANT <i>Harry Myer, Father</i> (Address) <i>1020 W. Lafayette Ave.</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <i>Buried</i> Place <i>in a cemetery</i> Date <i>1-5-36</i> | | |
| 19. UNDERTAKER <i>P. C. Picard</i> (Address) <i>123 S. ...</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 4, 1936*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came to death on the day stated above *about 9:15 am*
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____
 For what disease or injury? _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) *C. H. ...* M. D.
 (Address) *1215 ...* Coroner

FILED

19

Registrar

18 - 1936

18221

28835 HEALTH DEPARTMENT—CITY OF BALTIMORE 28835

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1920 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME

Curtiss Thompason(a) Residence: No. 1012 N. Arlington Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word): Widoweda. If married, widowed, or divorced
HUSBAND of Gussie (D)
(or) WIFE ofDATE OF BIRTH (month, day, year) 3-10-1889AGE Years 47 Months 7 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) North Carolina
(State or country)13. NAME Henry Thomas11. BIRTHPLACE (city or town) North Carolina
(State or country)15. MAIDEN NAME Hetty16. BIRTHPLACE (city or town) North Carolina
(State or country)7. INFORMANT Records of Baltimore City Hospts.
(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/8 19369. UNDERTAKER Wm A Jackson
(Address)10. FILED Stratton

-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 193622. I HEREBY CERTIFY. That I attended deceased from 10-26 1936 to 11-2 1936I last saw h.l.m. alive on 11-2 1936 Death is said to have occurred on the date stated above, at 3rd P.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

5 yrs +

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy No
23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John F. Rainey M. D.
Baltimore City Hospital

28836

F 28836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Michaelson
2230 Eutan Pl.
47-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Park Heights Ave. 45-12) Ward

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 20 yrs. 0 mos. 0 ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3700 Park Heights Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Levy

6. DATE OF BIRTH (month, day, year)

7. AGE Years 53 Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Lerson14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Sarah16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Nathan Levy - Husband18. BURIAL, CREMATION, OR REMOVAL (Address) 3700 Park Heights Ave.19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenland Date 11-8-3620. UNDERTAKER Jack Lerner Inc.(Address) 1439 E. Balto St.21. FILED 11-13-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-36, 1922. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1935 to Nov. 6th, 1936I last saw her alive on Nov. 6th, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right lung 1935
arterio Sclerosis 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) 12. G. Michaelson M. D.(Address) 2230 Eutan Pl.

28837

F 28837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 5-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* mos. ds. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1508 N. Appleton St.* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Edith*

6. DATE OF BIRTH (month, day, year)

7. AGE *86* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Re Merchant* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0045* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Harry* 14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Rose* 16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Rosedale* Date *11-8-36* 1919. UNDERTAKER *Jack Lewis, Inc.* (Address) *1439 E. 12th St.*20. FILED *11-10-36* *11-10-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 7, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Orshenker* Coroner M. D.(Address) *1919 E. North Ave.*

28838

F 28838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1165 Gorsuch Ave* St. *9-5* Ward)Length of residence in city or town where death occurred *46* yrs. *46* mos. *46* ds. How long in U. S. If of foreign birth *46* yrs. *46* mos. *46* ds.

2. FULL NAME

(a) Residence: No. *1165 Gorsuch Ave* St. *9-5* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed or divorced HUSBAND of *Jacob Osol* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 6, 1868*7. AGE *68* Years *4* Months *30* Days If LESS than 1 day, *30* hrs. or *30* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Latvia*13. NAME *David Plawin*14. BIRTHPLACE (city or town) (State or country) *Latvia*15. MAIDEN NAME *Coa Janowitz*16. BIRTHPLACE (city or town) (State or country) *Latvia*17. INFORMANT *Mr. Albert J. Osol* (Address) *1161 Gorsuch Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Immanuel* Date *11/8/36*19. UNDERTAKER *L. Heemann & Son* (Address) *57 S. Broadway*20. FILED *1936* 19 *11/11/36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 5, 1936*22. I HEREBY CERTIFY. That I attended deceased from *October 10, 1936* to *November 5, 1936*I last saw her alive on *November 5, 1936* Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Embolism*Date of onset *Oct. 16, 1936*

Other contributory causes of importance:

*Myocarditis**Unknown**Endocarditis**Unknown*Was an operation performed? *No* Date of *---*For what disease or injury? *---*Name of operation *Clinical Examination* Date of *---*What test confirmed diagnosis? *---* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *---* Date of injury *---* 19 *---*Where did injury occur? *---* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *---*Manner of injury *---*Nature of injury *---*

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Geo. W. Henry M.D.*(Address) *401 East 66th Street*

F 28839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Durham St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 403 S. Durham St., Ward.

(Usual place of abode)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year)

7. AGE Years 47 Months 7 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 008.0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Recently shoe repair
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Aleksander

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes Moniewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Church Lodge Certificate (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 10, 1936

19. UNDERTAKER John M. Weber (Address) 401 S. Chester

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

haemoptysis

Other contributory causes of importance:

Probably Pulmonary tuberculosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1010 S. 2nd Ave

Coroner M. D.

28840

HEALTH DEPARTMENT—CITY OF BALTIMORE

28840

CERTIFICATE OF DEATH

✓ 209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

Martha Campbell(a) Residence: No. 1206 Devison St. St., 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Robert Campbell (or) WIFE of

6. DATE OF BIRTH (month, day, year)

18787. AGE Years 58 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Womestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. 10. Date deceased last worked at this occupation (month and year) 0070 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Jerome Toles14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME Marie Lee16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Bessie Horsey (Address) 607 W. Canvalet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's cem Date 11-8-193619. UNDERTAKER Bryant & Marie H. Wright (Address) 1213 McClellan St20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of skull

Other contributory causes of importance:

Was an operation performed? Yes Date Nov. 4, 1936 InjuryFor what disease or injury? Decompration Date Nov. 4,Name of operation Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident Date Nov. 3, 1936Where did injury occur? Balto. Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public Place.Manner of injury Struck by Street Car, Park Height & Charlesworth Sts.Nature of injury Fracture Skull24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) H. H. C. Allen M. D.(Address) 2757 N. W. St. Corner

28841

HEALTH DEPARTMENT—CITY OF BALTIMORE

28841

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)Registered No. *34-E-122-W*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. *2* mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.2. FULL NAME *MRS CAROLINE W. Weil*(a) Residence: No. *PENN. ALTO Hotel* St., *ALTONA* Ward, *PENN*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Weil*6. DATE OF BIRTH (month, day, year) *July 20, 1876*7. AGE *60* Years *30* Months *3* Days *11* LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Pa.* (State or country)13. NAME *Julius Weil*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Lena Rosenbaum*16. BIRTHPLACE (city or town) *Pa.* (State or country)17. INFORMANT *Mrs. L. Weinberg* (Address) *Chicago Ill.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Pt. Cem.* Date *Nov. 9, 1936*19. UNDERTAKER *David Sordheim* (Address) *1902 Eutaw Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/7*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *10* / *30*, 19*36*, to *11* / *7*, 19*36*I last saw her alive on *11/7*, 19*36* Death is said to have occurred on the date stated above, at *5:27 A.* m.

The principal cause of death and related causes of importance were as follows:

Central Nervous System Syphilis - Diaphragmatic hernia - Stomach - cerebral embolism.

Date of onset

?

Other contributory causes of importance:

*Permeable Vomiting*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *L. Clagitt*(Address) *Union Memorial Hosp.*

M. D.

OV 8

F 28843

F 28843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N

Good Shepherd Hosp. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Plate N. Green

(a) Residence: No. 1701 Madison Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M.

colored

married

5a. If married, widowed, or divorced HUSBAND of (or ~~widow~~)

Bessie Green

6. DATE OF BIRTH (month, day, year)

Aug. 2, 1852

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

84

3

2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

ministry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

0015

12. BIRTHPLACE (city or town) (State or country)

Washington D.C.

13. NAME

Edward Thomas Green

14. BIRTHPLACE (city or town) (State or country)

Wash. D.C.

15. MAIDEN NAME

Jane Davis

16. BIRTHPLACE (city or town) (State or country)

Wash. D.C.

17. INFORMANT (Address)

William F. Greene 1701 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place M. Green Cem Date Nov 8, 1936

19. UNDERTAKER (Address)

Samuel H. Blasse 638 N. Calver St.

20. FILED

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1936 to Nov. 4, 1936

I last saw him alive on Nov. 4, 1936 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis myocardial degeneration

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Walter Sherry M. D.

(Address) 1606 12th Avenue

3-1936

F 28844

F 28844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4908 Morello Ave. ST. 27-3 WARD)

2-FULL NAME

Augusta Brandt.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

4908 Morello Ave.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowa XXXXXX widowed XXXXXX
XXXXXX
or) WIFE ofHenry Brandt.DATE OF BIRTH (month, day, and year) November 29, 1861AGE Years Months Days If LESS than 1 day, hrs. or min.
74 11 8 7

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

10 NAME OF FATHER

John Broening.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany12 MAIDEN NAME OF MOTHER Johanna Bauer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany.

14

Informant Walter H. Brandt. (son)
(Address) 4104 Dorchester Rd.

15

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6, 1936

17

I HEREBY CERTIFY, That I attended deceased from October 14, 1936 to November 6, 1936 that I last saw her alive on November 6, 1936and that death occurred, on the date stated above, at 7.25 p.m.

The CAUSE OF DEATH* was as follows:

Senile grangrene of right hand
Arterial occlusion.(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

Arterio sclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical diagnosis.
(Signed) Otto H. Reinhardt, M. D.11/7/36 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Louise Park Cem

DATE OF BURIAL

11/9 1936

20 UNDERTAKER

Jos. J. J. J. J. J.

ADDRESS

217 S. Paca

28845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28845

95-B 18047
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U.S. Veteran specify WAR

2. FULL NAME James Smith

(a) Residence: No. 100 Aiequith St. St. 5-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-22-1876

7. AGE Years 60 Months 0 Days 9 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospitals

10. Date deceased last worked at this occupation (month and year) 10-22-1876 11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) Boston, Mass. (State or country)

13. NAME James Smith

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Mary Ann Harrington

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Academy Beach Date 11/8/36 19.

UNDERTAKER J. J. Baker & Son (Address) 218 Light St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19-1936 to 11-1-1936

I last saw him alive on 11-1-1936 Death is said to have occurred on the date stated above, at 6 Am.

The principal cause of death and related causes of importance were as follows: Arteriosclerotic Heart Disease Date of onset 8 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M.D. (Address) Baltimore City Hospital

18-1936

HEALTH DEPARTMENT—CITY OF BALTIMORE F 28846

28846

CERTIFICATE OF DEATH

18287

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Antonio Deliso

(a) Residence: No. 110 S. Carlton St. St., 18-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Deliso

7. DATE OF BIRTH (month, day, year) 1874

8. AGE Years 62 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Mount Date 11/8/36 19

19. UNDERTAKER J. J. Foley & Sons (Address) 1018 Light

20. FILED 11-13-36 11-13-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1936 to 10-31 1936

I last saw him alive on 10-31 1936. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 7 days

Other contributory causes of importance:

Was an operation performed? No Date of 10-31

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 10-31 1936

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place 0040

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L. Rainey (Address) Baltimore City Hospital

F 28847

F 28847

HEALTH DEPARTMENT—CITY OF BALTIMORE 17335

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital
 CITY OF BALTIMORE: (No. Baltimore, Md. St. 3-5 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stewart

(a) Residence: No. 1610 Waldo Street St. Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
 HUSBAND of Mary Stewart
 (or) WIFE of

7. DATE OF BIRTH (month, day, year) 6-20-96
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
 40 4 17 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
 Huckster 60+5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Duke Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
 (Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
 Place Sacred Heart Date 11/5/36 19

19. UNDERTAKER
 (Address) 1610 Waldo St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-36, 19

22. I HEREBY CERTIFY. That I attended deceased from 9-22-36, 19, to 11-2-36, 19.

I last saw him alive on 11-2-36, 19. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

General paralysis of the
 insane

Date of onset

Dec.
 1935

Other contributory causes of importance:

Cardiac failure

4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) J. P. Reimer M. D.
 (Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 28848

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1010 S. Robinson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Child

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/10/24

8. AGE Years 12 Months 3 Days 70 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Mrs. Lillian M. Jones

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Alberta Kruse

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Kruse (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Nov. 9 1936

19. UNDERTAKER George W. Zinkler (Address) 173 E. Edge St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936 to Nov. 6, 1936

I last saw her alive on Nov. 6, 1936 Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Lupus Erythematosus Disseminata
Heart infection - lungs -
Pneumonia - lobar, pneumococcal.

Other contributory causes of importance: Pneumococcal septicemia 11/1/36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? → Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Irving Rosenbaum Jr., M. D.

(Address) Johns Hopkins Hospital

FILED 1936

F 28849

✓ F 28849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 N. Chapel St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1831 N. Chapel St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced HUSBAND of or WIFE of Edna L. Gibson

6. DATE OF BIRTH (month, day, year) April 13, 1905

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

31 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable Splicer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County Md.

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

15. MAIDEN NAME Catherine Sawyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edna L. Gibson (Address) 1831 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date Nov. 9 1936

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Coronary Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul M. Henshaw

(Address) 1918 E. North Ave.

Coroner

M. D.

F 28850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Ashland St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mon ds. How long in U. S. if of foreign birth? yrs mon ds.

2. FULL NAME

(a) Residence: No. 914 Ashland St., 10 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Northern Bell7. DATE OF BIRTH (month, day, year) Mar 18 968. AGE Years 40 Months 8 Days 0 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
11. Date deceased last worked at this occupation (month and year) Mar 18 96
12. Total time (years) spent in this occupation 004013. BIRTHPLACE (city or town) Georgia
(State or country)14. NAME Unknown15. BIRTHPLACE (city or town) Georgia
(State or country)16. MAIDEN NAME Unknown17. BIRTHPLACE (city or town) Georgia
(State or country)18. INFORMANT Northern Bell
(Address) 914 Ashland19. BURIAL, CREMATION, OR REMOVAL Calvary
Place Pro 9 3420. UNDERTAKER Paymer Sanders
(Address) 1413 E. Preston St21. FILED - 1936 11/11/36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-3622. I HEREBY CERTIFY, That I attended deceased from 11-1-36 to 11-6-36I last saw him alive on 11-6-36 Death is said to have occurred on the date stated above, at 12:40 A.

The principal cause of death and related causes of importance were as follows:

PneumoniaDate of report 11/11/36

Other contributory causes of importance:

Overwork & exposureName of operation Signs & symptoms Date of 11/11/36What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. R. Blake M. D.
(Address) 924 Washington St.

F 28851

F 28851 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Boone St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2637 Boone St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Spriggs

6. DATE OF BIRTH (month, day, year) Mar 18 52

7. AGE 84 Years 8 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Lewis Spriggs

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sallie Spriggs (Address) 2637 Boone St.

18. BURIAL, CREMATION, OR REMOVAL Place Md Calvary Date Nov 9, 1936

19. UNDERTAKER Pryor Sanders (Address) 1413 E. Preston St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to Nov 6, 1936.

I last saw him alive on Nov 6, 1936. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Nephritis
Diabetes

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

J. S. Julian Jr. M. D.
434 E. 23rd St.

F 28852

2314 E Baltimore

F 28852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Stamford Rd. St. 28 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary E. Morse

If U. S. Veteran

specify WAR.

(a) Residence: No. 515 Stamford Rd. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Morse6. DATE OF BIRTH (month, day, year) Nov. 16/577. AGE 78 Years 11 Months 21 Days LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Hittmar14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Mary Becker16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Albert F. Whittle (Address) 515 Stamford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 11/919. UNDERTAKER Margaret E. Flynn (Address) 1522 1st St

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-3622. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 to Nov. 7, 1936I last saw him alive on Nov 6, 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Gall - stones

Date of onset

2

Other contributory causes of importance:

Myocarditis (chronic)Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Engene L. Perougnon M. D.

(Address)

514 W. Mary Lane

28853

F 28853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hosp* St. *15-12* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2436 Keyworth Ave* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 8, 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *43 min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *Bernard Meyers*14. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*15. MAIDEN NAME *Ann Altschul*16. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*17. INFORMANT *Hospital Record* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Carmel* Date *11/8/36* 1919. UNDERTAKER *Jack Lewis* (Address) *1438 E. Pratt St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 8, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Nov 8, 1936* to *Nov 8, 1936*I last saw him alive on *Nov 8, 1936* Death is said to have occurred on the date stated above, at *6:18 A.M.*

The principal cause of death and related causes of importance were as follows:

Undetermined

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Theo. E. Mandy M. D.*Sinai Hosp.*

F 28854

✓ F 28854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *428 Rosacraft Terrace* Ward *10*)Length of residence in city or town where death occurred *4* yrs. *6* mos. *9* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Missnette H. Moss(a) Residence: No. *428 Rosacraft Terrace* St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Harvey C. Moss*

6. DATE OF BIRTH (month, day, year)

April 26-1892

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*44**6**9*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Frederick Kondner

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Caroline Dickman

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

Harvey C. Moss

(Address)

428 Rosacraft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place

*Louisa Park*Date *Nov. 9**1936*

19. UNDERTAKER

(Address)

Geo. E. Francis
802 Madison Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 5th*, 1936

22. I HEREBY CERTIFY, That I attended deceased from

4-15, 1936, to *11-5*, 1936I last saw him alive on *11*, *4*, 1936. Death is saidto have occurred on the date stated above, at *10.50 a.m.*

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset

1936

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *X Ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Ernest Spencer* *J.*

M. D.

(Address) *4123 Frederick Ave*

28855

HEALTH DEPARTMENT—CITY OF BALTIMORE

28855

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linai Hospital 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sergeant Scott6. DATE OF BIRTH (month, day, year) Jan 11, 1884

7. AGE

Years

Months

Days

If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 193622. I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 11-7, 1936I last saw her alive on 11-6, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Pneumo-pneumoniaDate of onset 11-5-36

Other contributory causes of importance:

Myocardial failure
Pericardial aneurysmWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

✓ F 28857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 19-11 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Verna E. Myers

(a) Residence: No. 1702 Lemon St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 8/23/36

7. AGE Years _____ Months 2 Days 14 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore City (State or country) MD.

13. NAME Nicholas Myers

14. BIRTHPLACE (city or town) Balt. (State or country) MD.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Balt. Md. (State or country) MD.

17. INFORMANT Hosp. Sec. 8

18. BURIAL, CREMATION, OR DISPOSITION Laurel Mt. 11/8/36

19. UNDERTAKER George W. Taylor (Address) 1111 N. Broadway

20. FILED 11/8/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1936, to 11/6, 1936

I last saw her alive on 11/6, 1936 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

malnutrition
Intersusception

Date of onset _____

Other contributory causes of importance:

unknown

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. M. D.

(Address) Bon Secours Hosp.

E. 28858

F 28858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Florence A. Mongan(a) Residence: No. 1907 Linden Ave St. 14 Ward. (If non-resident give city or town and State)Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Chas. E. Mongan (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 3 18967. AGE Years 39 Months 3 Days 4 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 003
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Patric Riley
14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Ella Phalen
16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Marcille Watts 1907 Linden Ave (Address)18. BURIAL, CREMATION, OR REMOVAL Place Brunswick Md Date Nov. 9, 193619. UNDERTAKER C. H. Feltz & Son Brunswick Md. (Address)20. 1936 11-10-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came Mer death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1&2 Degree Burns of Abdomen
L. Breast, R. & L. Legs

Date of onset

Other contributory causes of importance:

Was an operation performed? 0 Date of 0For what disease or injury? 0Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, Accident, Date Nov. 5, 1936Where did injury occur? 1907 Linden Ave, Balto. Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of Furnace Backfired set her
Clothing AblazeNature of injury Burns of Body24. Was disease or injury in any way related to occupation of deceased? Yes Attending Furnaceat home

(Signed)

(Address)

M. D.

Coron

2737 W. 11th St.

F 28859

F 28859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Ave. St. 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 16. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Sister M. Placide Wallace

(a) Residence: No. 5712 Roland Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) May 20, 1855

7. AGE Years Months Days If LESS than 1 day, ...hra. or ...min. 81 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 106 5

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James Wallace

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Margaret O'Dougherty

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Sr. M. Gertrude Peters (Address) 5712 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 9, 1936

19. UNDERTAKER Henry W. Meardon (Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Nov 6, 1936 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? usual there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. J. Kirby

(Address) 110 E. North Ave.

M. D.

FILED

61-8 AONE

28860

HEALTH DEPARTMENT—CITY OF BALTIMORE 3980

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME George Winder(a) Residence: No. 1830 Doyer St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 1/1/18748. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 10 5

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Julius Winder14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Marie Smith
Md.16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Aug. 9, 193619. UNDERTAKER George L. Schmidt
(Address) 7111 Fredrick Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 193622. 9-29 I HEREBY CERTIFY That I attended deceased from 34 to 11-6, 1936I last saw h. Malive on 11-6, 1936 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute tuberculous Pneumonia

Date of onset

7 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John J. Ramsey
Baltimore City Hospital

F 28861

F 28861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1207 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 26, 1934

7. AGE

Years

Months

Days

If LESS than

2

4

13

1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Brunswick Md

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Katharine Cornelius

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Park Heights Md Date Nov 10 1936

19. UNDERTAKER

(Address)

C. H. Felt & Son
Baltimore Md

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1936 to Nov 8 1936

I last saw her alive on Nov 8 1936 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis, simple

Date of onset

11-4-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Francis J. Schwenker, M. D.

(Address)

8-1936

28862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1429 W Larnate St., 16-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of 0
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-10-18947. AGE Years 42 Months 7 Days 26 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shorthand9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Marshall Titley14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Lily Pearl16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Marshall Titley(Address) 1429 W Larnate St.

18. BURIAL, CREMATION, OR REMOVAL

Place Marbury Date 11/9 3619. UNDERTAKER Wm. H. Jackson(Address) 116 E. Lombard20. FILED 11-19-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in in quiet autopsy thereon and from the evidence obtained by said in quiet autopsy find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry)

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Extracerebral Hemorrhage

Date of onset

Nov 5
1936

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury? noName of operation no

Date of

What test confirmed diagnosis? History Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Homicide Date of injury Nov 5 36Accident, suicide, HomicideWhere did injury occur? City (Baltimore City)
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public PlaceManner of injury Light and heavy blowsNature of injury with unknown instrument

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo. J. Callen D.
(Address) 3507 Pennsylvania St.

28863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28863

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 E. Biddle St. 10-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 1018 E. Biddle St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Margret M. Kelly (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 12, 18857. AGE Years 51 Months Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Foreman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highways10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 108612. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Frank. P. Ragan14. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)15. MAIDEN NAME Mary E. Kelly16. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)17. INFORMANT Mrs. Frank P. Ragan (Address) 1018 E. Biddle St.18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/10 193619. UNDERTAKER Elmer W. Conkley (Address) 924 E. Eager St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 7 193622. I HEREBY CERTIFY That I attended deceased from 5/1/36 to 11. 7. 36I last saw him alive on 11. 7 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach and DuodenumDate of report 5/1/36

Other contributory causes of importance:

Gastric UlcerPage 2Was an operation performed? Yes Date of 9/17/36For what disease or injury? Laparotomy for duodenalName of operation P.E. Date of 9/17/36What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) J. S. Blum M. D.(Address) 1206 E. Preston St.

9119
28864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28864

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. Ward)

17-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Glenn S. Miller

If U.S. Veteran specify WAR

(a) Residence: No. St. Ward.

1803 Guilford Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female white single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

4/15/27

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

9

6

21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind

13. NAME

Thos Miller

14. BIRTHPLACE (city or town) (State or country)

unknown

15. MAIDEN NAME

Virginia ?

16. BIRTHPLACE (city or town) (State or country)

Ind

17. INFORMANT (Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Date Nov. 9, 1936

19. UNDERTAKER (Address)

Ham H. White 710 ...

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Nov 6, 1936.

I last saw him alive on Nov 6, 1936. Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease Birth Rheumatic heart disease 1932

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? ...

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Irving Rosenberg, Jr. M. D. Johns Hopkins Hospital

F 28866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28866

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Potter Ave Ward 20-8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary A. SchmidtIf U.S. Veteran specify WAR No Record

(a) Residence: No.

4200 Potter Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced, name of ~~husband~~ James E. Schmidt (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Mar 1st 1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6786

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

BaltoMd

FATHER

13. NAME

John Connely

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT (Address)

James E. Schmidt
4200 Potter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral

Date

Nov 10th 1936

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

20. FILED

REGISTER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 193622. I HEREBY CERTIFY, That I attended deceased from July 22 1936 to Nov 7 1936. I last saw her alive on Nov 7 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure.

Date of onset

Jan.

Other contributory causes of importance:

Chronic myocarditis hypertensin 10 yrs.
Carcinoma of the sigmoid 3 yrs.
Diabetes mellitus Scurvy.

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. Caldas R. P.

M. D.

427 Fulton Ave

28867 HEALTH DEPARTMENT—CITY OF BALTIMORE 28867

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

No Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

3005 Jona Terrace - 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martha E. Pundt

(a) Residence: No.

3005 Jona Terrace St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, name of (or) WIFE of John F. Pundt

6. DATE OF BIRTH (month, day, year) Feb 18th 1855

7. AGE Years 81 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1931/34 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mary Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea Raabe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothea Pundt (Address) 3005 Jona Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Donald Ridge Date Nov 9th 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St

20. FILLED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th 1936

22. I HEREBY CERTIFY. That I, attended deceased from Feb 1, 1935, to Nov 6, 1936

I last saw him alive on 19th 1936 Death is said to have occurred on the date stated above, at 4⁴⁵ P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis (cerebral)

Date of onset about 14/2 yrs

Other contributory causes of importance:

Leukoplakia Stenocardia (Crown 15 days)

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. N. Meyer, M. D.

(Address) 1500 E. 38th St.

28868 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28868

9120

49-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U.S. Veteran

specify WAR

2. FULL NAME Eleanor Little

(a) Residence: No. 910 Peach Alley St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of John Little
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-20-1883

7. AGE 52 Years 11 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 0037
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Samuel Hollis

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Lea Green

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place mt. alhambra Date 11/9 1936

19. UNDERTAKER Walter B. Spink
(Address) 184 W. H. Arndt St.

FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-36 1936 to 11-6 1936

I last saw him alive on 11-6 1936 Death is said to have occurred on the date stated above, at 11:12 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of vulva

Date of onset

3-3-35

Other contributory causes of importance:

Secondary anemia

1 yr.

Was an operation performed? yes Date of 4-3-36

For what disease or injury? Excision of carcinoma vulva

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. B. Spink M. D.

(Address) Balt. City Hospt.

28869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28869

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Decatur St. 24 -1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME Theresa Braver(a) Residence: No. 1406 Decatur

St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced HUSBAND of Frank Braver (or) WIFE of7. DATE OF BIRTH (month, day, year) Sept. 3, 18838. AGE Years 53 Months ✓ Days 4 If LESS than 1 day, ____ hrs. or ____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Austria (State or country)14. NAME John Summers15. BIRTHPLACE (city or town) Austria (State or country)16. MAIDEN NAME ?17. BIRTHPLACE (city or town) Austria (State or country)18. INFORMANT Frank Braver (Address) 1406 Decatur St.

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov. 11 193620. UNDERTAKER Richard F. Quiley (Address) 1341 Gorman Ave.21. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7th 193622. I HEREBY CERTIFY. That I attended deceased from Feb. 23 1935 to Nov. 7 1936I last saw her alive on Nov. 7 1936 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Diabetes MellitusDate of onset 1930

Other contributory causes of importance:

Hypertensive Cardio
Renal Disease

[?]

Was an operation performed? no Date of ____

For what disease or injury?

What test confirmed diagnosis? Physician & Laboratory Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) W. W. Giffen

M. D.

(Address) 1326 W. Lombard St.

F 28870

F 28870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Women's Hospital* - 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *15* yrs. *0* mos. *0* ds.

2. FULL NAME

Anna Torosky(a) Residence: No. *820 W. Lombard* St., *Baltimore* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Anthony Torosky*6. DATE OF BIRTH (month, day, year) *Oct. 12, 1899*7. AGE Years *37* Months *0* Days *25* If LESS than 1 day, hrs. *0* min. *0*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home* 10. Date deceased last worked at this occupation (month and year) *0037* 11. Total time (years) spent in this occupation *0037*12. BIRTHPLACE (city or town) *Lithuania* (State or country)13. NAME *Pladas*14. BIRTHPLACE (city or town) *Lithuania* (State or country)15. MAIDEN NAME *Anna Pladas*16. BIRTHPLACE (city or town) *Lithuania* (State or country)17. INFORMANT (Husband) *Anthony Torosky* (Address) *820 W. Lombard St.*18. BURIAL, CREMATION, OR REMOVAL Place *May Ransom* Date *Nov 10/36*19. UNDERTAKER *Chas. B. Kishorek* (Address) *632 S. Park St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Nov 7* 19*36*22. I HEREBY CERTIFY That I attended deceased from *Sept 6* 19*36* to *Nov 7* 19*36*I last saw him alive on *Nov 7* 19*36* Death is said to have occurred on the date stated above, at *9:25 PM*

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory failure
Carcinoma of esophagus
*metastatic to left lung*Date of onset *11-7-36*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *11-5-36*For what disease or injury? *Carcinoma of esophagus*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Siller* (Address) *Women's Hospital*

M. D.

F 28871

F 28871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Talbot Rd St. 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 1/2 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2608 Talbot Rd St., 28 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27 - 18547. AGE Years 81 Months 10 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Pierce Ryan14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Caroline M. Hayes16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT Mrs. J. H. Hayes (Address) 5202 Wilbur Ave18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Nov 10 193619. UNDERTAKER (Address) Edmund J. Hayes20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 - 193622. I HEREBY CERTIFY, That I attended deceased from Oct - 20 1936 to Nov - 8 1936I last saw him alive on Nov 4 Death is said to have occurred on the date stated above, at 4 15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Old age with myocardial infarction and cerebral arteriosclerosis.

Other contributory causes of importance:

NoneName of operation None Date of NoneWhat test confirmed diagnosis? Ulcers Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter R. Hayes M. D.(Address) 2707 Garrison St

28872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 27-2* Ward)Length of residence in city or town where death occurred *1* yrs. *1* mo. *1* ds. How long in U. S. If of foreign birth? *1* yrs. *1* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *3005 Parkwood Ave* St. *121* Ward. *121*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *May 20, 1957*

6. DATE OF BIRTH (month, day, year)

7. AGE *79* Years *5* Months *15* Days If LESS than 1 day, *1* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Carl Inman*14. BIRTHPLACE (city or town) *Franklin*
(State or country)15. MAIDEN NAME *Inman*16. BIRTHPLACE (city or town) *Franklin*
(State or country)17. INFORMANT *Frank J. Gendreau*(Address) *3017 Glenmore Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood* Date *4/9/56*19. UNDERTAKER *Leonard P. Smith*(Address) *3005 Bayfield Rd.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 5, 1956*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1, 1956* to *Nov. 5, 1956*I last saw him alive on *Nov. 5, 1956*. Death is said to have occurred on the date stated above, at *7:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial (Heart) Failure

Other contributory causes of importance:

Myocardial infarction
*Hypertension*Was an operation performed? *No* Date of *Nov. 5, 1956*

For what disease or injury?

What test confirmed diagnosis? *ECG* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *No*
Accident, suicide, or homicide? *No* Date of injury *Nov. 5, 1956*Where did injury occur? *No* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *A. Austram*

(Address)

M. D.

20. FILED

NOV 9 - 1956

M.P. D 28873

HEALTH DEPARTMENT—CITY OF BALTIMORE 28873

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Granville Cephas

(a) Residence: No. 326 N. Gilmore St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cil. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Boy

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Benj. Cephas

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Adams (Address) 326 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Lion Date Apr. 9, 1936

19. UNDERTAKER Mrs. Kate P. Williams (Address) 322 N. Gilmore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis of Lungs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28874

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 17-3 Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George H. Berryman

If U.S. Veteran

specify WAR

(a) Residence: No.

738 George St.

St.

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

George Berryman

6. DATE OF BIRTH (month, day, year)

1/20/82

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

54

9

16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

040

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

George Berryman

14. BIRTHPLACE (city or town) (State or country)

MD -

15. MAIDEN NAME

Nancy Craig

16. BIRTHPLACE (city or town) (State or country)

MD -

17. INFORMANT

(Address)

Russ -

18. BURIAL, CREMATION, OR REMOVAL

Place

at 210

Date

Nov 10, 1936

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams

322 N. Calver St.

20. FILED

Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 13, 1936, to Nov. 6, 1936

I last saw him alive on Nov. 6, 1936. Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of larynx about with metastases to glands of neck Squamous cell carcinoma Other contributory causes of importance: Gradual exhaustion with cardiac failure

Date of onset

Sept 1934

Was an operation performed?

Yes

Date of

Sept 14, 1935

For what disease or injury?

Tracheotomy for respiratory obstruction. Gastrointestinal dyspepsia

What test confirmed diagnosis?

Biopsy

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. Chamberlain, M. D.

(Address)

Johns Hopkins Hosp.

28875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28875

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Woodhaven Ave 5-9)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3904 Woodhaven Ave

(Usual place of abode)

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widowed |

| | | |
|--------------------------------------|--------------|----------------|
| 6a. If married, widowed, or divorced | HUSBAND of | Edmund J. Auld |
| | (or) WIFE of | |

6. DATE OF BIRTH (month, day, year) Feb. 20 1854

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 82 | 8 | 21 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Shields

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Caspari

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles H. Auld

18. BURIAL, CREMATION, OR REINTERMENT

19. UNDERTAKER Wm. V. Kuge Bros

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936 to Nov 8, 1936

I last saw her alive on Nov 7, 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

ulcer as pyloric end
Stomach
ulcer as duodenal cap

Date of onset

1928

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. Jones M. D.

(Address) 20 N. North St.

28876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 28876

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Shirley Ave. St. 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2824 Montebello Terrace St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Howard M. Rust

6. DATE OF BIRTH (month, day, year) Nov. 19, 1890

7. AGE Years 45 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City (State or country) Md.

13. NAME Wm F. Hohmann

14. BIRTHPLACE (city or town) Balto. City (State or country) Md.

15. MAIDEN NAME Katherine E. Shade

16. BIRTHPLACE (city or town) Balto. City (State or country) Md.

17. INFORMANT Mr. Howard M. Rust

(Address) 2824 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 11, 1936

19. UNDERTAKER Fred. Lissabro Jan. 10, 1936

(Address) 7421 Belair Rd.

20. FILED

OV 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Nov 8, 1936.

I last saw her alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Boremyocarditis Myocarditis

Date of onset Jan 1933

Other contributory causes of importance:

Chronic Myocarditis

Aug 1936

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Laboratory there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Hayford Rd.

8878

HEALTH DEPARTMENT—CITY OF BALTIMORE 28878

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital

St. 23 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Baby Edna Sadowski

(a) Residence: No.

1107 Marshall

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug - 9 - 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2

39

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Steven Sadowski

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Julia M. Ireland

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address) 1107 Marshall

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross abb Date 11/10/36

19. UNDERTAKER

(Address)

J. J. Fokker & Lane 1318 Light

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/8 1936

22. I HEREBY CERTIFY, That I attended deceased from

11/4 1936 to

11/8 1936

I last saw him alive on 11/8 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Malnutrition (marasmus)

Date of onset

22

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Louis J. Krall

M. D.

(Address)

South Baltimore General Hosp

OV 9 - 1936

Registrar

28879

F 28879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 South Ann Street St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Alexandria Chojnowski

(a) Residence: No. 811 S. Ann Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~WIFE of~~ Walerjan Chojnowski

6. DATE OF BIRTH (month, day, year) April 17, 1884

7. AGE Years 52 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME John Gromacki

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Frances Stypalkowski

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Walerjan Chojnowski (Address) 811 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov. 11th 1936

19. UNDERTAKER George A. Weber (Address) 705 S. Ann St.

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6th 1936

22. I HEREBY CERTIFY That I attended/deceased from

I last saw her alive on November 19, 1936. Death is said to have occurred on the date stated above, at 11:15 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis

Date of onset

1/1/36

Other contributory causes of importance:

Cerebral exhaustion

11/6/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

F 28880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Kavanaugh St., 15-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1825 Kavanaugh St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widow, or divorced HUSBAND of Emma Jefferson (or WIFE of)

6. DATE OF BIRTH (month, day, year)

7. AGE 33 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME Sam. Jefferson

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME Nancy Taylor

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Mrs. Nancy Jefferson (Address) 1825 Kavanaugh

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date 11/10/36

19. UNDERTAKER E. Nelson (Address) 1353 Priestman St.

20. FILED 1353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 36 to Nov. 36

I last saw him alive on Nov. 6th, 1936 Death is said to have occurred on the date stated above, at 6th in.

The principal cause of death and related causes of importance were as follows:

Cardio-renal disease 1935

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Nelson

M. D.

(Address) 7131 Biemer

F 28881

F 28881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1024 N. Stockton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) May 19367. AGE Years 0 Months 6 Day 5 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME William Myles14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Myrtle Branch16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT

(Address) Carrie Branch
1024 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Not Auburn Cemetery Date 11/9 1936

19. UNDERTAKER

(Address) E. E. Kelson
1323 Preston St

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 6. 193622. I HEREBY CERTIFY, That I attended deceased from 10. 28. 1936, to 11. 6. 1936I last saw him alive on 11. 6. 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Acute G-I indigestion Date of onset 10. 24. 36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Date of no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) E. E. Kelson(Address) 515 Mosher St

M. D.

F 28882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital St. 15-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *24* yrs. *0* mo. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mo. *0* ds.

2. FULL NAME

(a) Residence: No. *1538 Leslie*

(Usual place of abode)

St., *Leslie* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *George Jackson*6. DATE OF BIRTH (month, day, year) *Dec 4 1905*7. AGE *30* Years *11* Months *2* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0070*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)13. NAME *Wm Chesley*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Kate Chesley*16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Mrs Kate Chesley*(Address) *1538 Leslie*

18. BURIAL, CREMATION, OR REMOVAL

Place *Arbutus Cemetery* Date *11/9*19. UNDERTAKER *Thos. E. Nelson*(Address) *1303 President St.*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 6*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured 11th Thoracic Vertebrae
Concussion and permanent damage to Spinal Cord

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Oct 29-36*For what disease or injury *Fractured Vertebrae*Name of operation *Laminectomy* Date *Oct 29-36*What test confirmed the diagnosis? *Fracture* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *Oct 24, 1936*Where did injury occur? *Baltimore Md*Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down stairs*Nature of injury *damage to Vertebrae and Spinal Cord*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*(Signed) *Geo. P. Allen* M. D.(Address) *507 J. J. G. St.*

28883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28883

82 12/48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Charles KnightIf U.S. Veteran
specify WAR _____

(a) Residence: No. _____

1428 McElderry St.,

St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Knight

6. DATE OF BIRTH (month, day, year)

8-25-1879

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.57 4 2 12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

007012. BIRTHPLACE (city or town)
(State or country)Baltimore, Md.

FATHER

13. NAME

Warner14. BIRTHPLACE (city or town)
(State or country)Va.

MOTHER

15. MAIDEN NAME

Jennie Brown16. BIRTHPLACE (city or town)
(State or country)Md.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Luke's

Date

11/10/36

19. UNDERTAKER

(Address)

Thomas L. Kelan
1303 Lexington Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 193622. I HEREBY CERTIFY That I attended deceased from 6-28, 1934 to 11-7, 1936I last saw him alive on 11-7, 1936 Death is said to have occurred on the date stated above, at 125 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

8-7

Other contributory causes of importance:

Was an operation performed?

NO

Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John L. Karney
Baltimore City Hospital

F 28884

✓ F 28884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1761 E. Cliftview Ave. St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME Charles A. Turner

(a) Residence: No. 1761 E. Cliftview Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) "Widowed"

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Turner

7. AGE 81 Years 1 Months 14 Days 11. Total time (years) spent in this occupation 1855

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boss 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Booth Pac. Co.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Balto Va. (State or country)

13. NAME John Turner

14. BIRTHPLACE (city or town) Balto. Va. (State or country)

15. MAIDEN NAME Mary Sipple

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT

(Address) 1761 E. Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Nov. 10 36

19. UNDERTAKER

(Address) 403 S. "St. St.

FILED

1918-1919 Thimbleton

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1936, to November 8, 1936. I last saw him alive on November 8, 1936. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Thimbleton M. D. (Address) 1918 E. North Ave.

F 28835 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1830 Greenmount av* *12-5* WARD)

2-FULL NAME

(A) RESIDENCE No. *422 E. Lafayette av*

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

married

6a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Agnes K. Banff

6 DATE OF BIRTH (month, day, and year) *Nov. 5-1879*

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

57

2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

merchant 0045

(b) General nature of industry, business, or establishment in which employed (or employer)

himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Hagerstown Md

10 NAME OF FATHER

Charles W. Banff

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Hagerstown Md

12 MAIDEN NAME OF MOTHER

Cora V. Early

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Hagerstown Md

14

Informant

(Address)

*Agnes K. Banff
422 E. Lafayette av*

15

File #

19

Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Nov. 7-1936*

17

I HEREBY CERTIFY, That I attended *4* licensed from

June 1st 1934, to *Nov 7th 1936*

that I last saw *him* alive on *Oct 31st 1936*

and that death occurred, on the date stated above, at *12:30* *A* m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) *4* yrs. *6* mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *clinical*

(Signed)

L. T. Cordy

M. D.

11-7-1936 (Address) *5106 Harkford Road*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

London Park Cemetery

DATE OF BURIAL

11/10 1936

20 UNDERTAKER

Frank H. Gura

ADDRESS

Chesapeake

28886

✓ F. 28886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Volunteers of America Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby (boy) Morrow

If U. S. Veteran

specify WAR

(a) Residence: No.

1605 N. Fayette St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Premature Infant*

6. DATE OF BIRTH (month, day, year)

Nov. 5, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, 7 hrs.
or - min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Premature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Thomas G. Morrow

14. BIRTHPLACE (city or town) (State or country)

Forest City N. Carolina

MOTHER

15. MAIDEN NAME

Emily Lomax

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

(Address)

Mother

18. BURIAL, CREMATION, OR REMOVAL

Place

Wm. of Md.

Date

NOV 9 - 1936

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

- 1936

2750

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 7, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 7, 1936* to *Nov. 7, 1936*I last saw him alive on *Nov. 7, 1936*. Death is said to have occurred on the date stated above, at *11:15 AM*.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

*Valvular heart disease*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Edward G. Rayzel*

M. D.

(Address)

2245 Reisterstown Rd

28887

✓ F 28887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *unknown*)St. *22-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Chuck Davis*If U. S. Veteran
specify WAR(a) Residence: No. *205 W Hill St*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------------|--|
| 3. SEX <i>M</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|--------------------|------------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Not known

| | | | | |
|----------------|-----------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>approx.</i> | <i>19</i> | | | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Emend Boy*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Chicago ?*

13. NAME

*Not obtained*14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

*Not obtained*16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Chuck Davis (Semi comatose)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Unk. of Red*Date *Nov. 9*, 19*36*

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 3*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from
Oct 23, 19*36*, to *Nov 3*, 19*36*I last saw him alive on *Nov. 3*, 19*36* Death is said
to have occurred on the date stated above, at *5:40* a.m.The principal cause of death and related causes of
importance were as follows:*Cerebrospinal Meningitis
(Tuberculous)*

Date of onset

*Oct
20,
1936*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Lumbar puncture* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Thyron B. Zell 2

M. D.

-1836

2729

✓ F 28888

28888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital 3-1*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Thomas Willis(a) Residence: No. *323 S Caroline* St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *S*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1913*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*23*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*

FATHER

13. NAME *W*14. BIRTHPLACE (city or town) (State or country) *W*

MOTHER

15. MAIDEN NAME *W*16. BIRTHPLACE (city or town) (State or country) *W*17. INFORMANT *Police Records*
(Address) *N. E.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Commissioner of Health*Date *10-31-36*19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED *1836*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct 31, 1936*

22. I HEREBY CERTIFY That I took charge of the remains described above, held inquest & autopsy (Inquest, Autopsy or Inquest & Autopsy) obtained inquest & autopsy that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Stab wound of left chest, Hemorrhage of lung**Oct 31 36*

Other contributory causes of importance:

Was an operation performed? *none*

Date of

For what disease or injury? *none*Name of operation *none*

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: *homicide* Date of injury *10-31-36*Accident, suicide, or *homicide*Where did injury occur? *Borough near Caroline St*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public Place -*Manner of injury *Stab wound of*Nature of injury *Chest left - (arterial injury)*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George L. Allen

M. D.

(Address)

*509 Annapolis St.**2728*

M. D. H. 1268-9
28839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28889

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E. Baltimore St. 6-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
U. S. Veteran _____
specify WAR _____

2. FULL NAME

(a) Residence: No. 1008 E. Baltimore St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE 50 ? Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) _____ (State or country) _____

FATHER 13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT Northeastern Police Station (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place of Burial Date Nov 9 1936

19. UNDERTAKER _____ (Address) _____

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, Autopsy, or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon monoxide Poisoning
illuminating gas

Other contributory causes of importance: _____

Was an operation performed? No

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 10/29/1936

Accident, suicide, or homicide: Accident Date of injury 10/29/1936

Where did injury occur? 1008 E. Baltimore St. Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas escaped from an emergency

Nature of injury lit gas heater

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Paul Scheuer Coroner M. D.

(Address) 1919 E. North Ave.

Registrar.

✓ F 28830 17654

F 28830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 17 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lewis Gambrill (Gamble)

If U. S. Veteran specify WAR

(a) Residence: No. 342 Camel St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 5/16/1891

7. AGE Years 55 Months 5 Days 20 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) S. C. (State or country)

13. NAME Zina Gambrill

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ? Blom

16. BIRTHPLACE (city or town) S. C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 10/10/1936

19. UNDERTAKER (Address) 1010 10th St. Baltimore

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 1936

22. I HEREBY CERTIFY. That I attended deceased from 10-3, 1936 to 11-6, 1936

I last saw him alive on 11-6, 1936 Death is said to have occurred on the date stated above, at 4:40 Am.

The principal cause of death and related causes of importance were as follows:

Latent Pneumonia Empyema Tuberculous

Date of onset 2 mks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John L. Rainey M. D. (Address) Baltimore City Hospital

28891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28891

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Forest Park Ave. 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis C Levy

If U. S. Veteran specify WAR

(a) Residence: No. 4113 Forest Park Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 10, 19017. AGE Years 35 Months 11 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk 0009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME Harris Levy
14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Rose Herman
16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Harris Levy
(Address) 4113 Forest Park Ave18. BURIAL, CREMATION, OR REMOVAL
Place Berwyn Bur Date NW 9, 193619. UNDERTAKER Edwin J. ...
(Address) 1127 E. ...20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NW 9, 193622. I HEREBY CERTIFY, That I attended deceased from June 1933 to November 8, 1936I last saw him alive on November 8, 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Pulm. Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) Sheldon ... M. D.2018 32nd St. Baltimore, Md.

F 28892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Bloome St. 15-1 Ward)Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence: No. 518 Bloome St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Miss6. DATE OF BIRTH (month, day, year) May 9-18847. AGE Years 52 Months 7 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Richmond
(State or country) Va13. NAME William Delwhatch
14. BIRTHPLACE (city or town) Richmond
(State or country) Va15. MAIDEN NAME Wm16. BIRTHPLACE (city or town) Wm
(State or country) _____17. INFORMANT James Delwhatch
(Address) 518 Bloome St18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date September 10 193619. UNDERTAKER Joseph A. [unclear]
(Address) 1007 N. [unclear] St20. FILED 1036 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ulcer of Stomach Date of onset Jan 1936

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Geo J. Allen M. D.(Address) 507 Annapolis St

✓ F 28893

28893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

City Hospitals (Died on arrival)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 76-12 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds. U. S. Veteran specify WAR. Yes - W.W.

2. FULL NAME

William Matthews

(a) Residence No. Black River Neck Road St.,

Ward. District 12 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1893

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore Md (State or county)

13. NAME John Joseph Matthew

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Barbara Smogal

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Chas. Matthews (Address) Black River Neck Road

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11/9/36

19. UNDERTAKER J. G. Connolly Essex Md.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pit fracture skull shock

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation. Was there an autopsy?

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 11-5-36

Where did death occur? Eastern Ave & Kelly Mill Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hydrant

24. Was disease or injury in any way related to occupation of deceased? Yes, specify. Throwing while walking on road

Signature: Hubert B. Auto Coroner M. D. (Address) 907 N Charles

28894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5216 Linden St. Ward 7-18)Length of residence in city or town where death occurred: 7 mos. 18 da. How long in U. S. If of foreign birth? 7 yrs. 18 mos. 18 da.

2. FULL NAME

George A. Stevens(a) Residence: No. 5216 Linden St. Ward 7-18
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary G. Stevens
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 16, 18697. AGE Years 67 Months 1 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) Nov 7, '36 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Bethesda
(State or country) Md13. NAME Thos. H. Stevens14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Eliz Ponder16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Mary G. Stevens
(Address) 5216 Linden St.18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Nov 4, 193619. UNDERTAKER J. A. France & Son
(Address) 703 E. Pratt St20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1936

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis
Arterio Sclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Finkenhorst M. D.(Address) Coroner

28895

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 28895

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *26-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Patti

If U.S. Veteran

specify WAR

(a) Residence: No.

1814 E. Lombard

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced HUSBAND of *Antonina Patti* (and WIFE of)6. DATE OF BIRTH (month, day, year) *Sept. 23, 1861*7. AGE Years *75* Months *1* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Italy* (State or country)13. NAME *Thomas Patti*14. BIRTHPLACE (city or town) *Italy* (State or country)15. MAIDEN NAME *Palmisano*16. BIRTHPLACE (city or town) *Italy* (State or country)17. INFORMANT *Hospital record* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic* Date *Nov 10* 19*36*19. UNDERTAKER *Frank V. Piskitone* (Address) *2818 E. Balto St*20. FILED *9-1936*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 7* 19*36*22. I HEREBY CERTIFY That I attended deceased from *April* 19*35* to *November 7* 19*36*I last saw him alive on *November 6* 19*36* Death is said to have occurred on the date stated above, at *8³⁰* a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiovascular disease a chronic granular nephritis congestive heart failure

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Earl L. Chambers* M. D.(Address) *4108 Liberty Hts Ave*

F 28896

✓ F 28896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 E. Lombard Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds. If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 1703 E. Lombard Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Henry Stockman (or) WIFE of _____6. DATE OF BIRTH (month, day, year) March 24, 18617. AGE 75 Years 7 Months 14 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME Shore14. BIRTHPLACE (city or town) Unknown (State or country) _____15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country) _____17. INFORMANT Mrs H. Lambert (Address) 2-3 S. Broadway18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date 11/11/3619. UNDERTAKER J. Hermann & Son (Address) 32 S. Broadway20. FILER 1936 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1936 to Nov. 8, 1936I last saw him alive on Nov. 8, 1936 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 11-7-36

Other contributory causes of importance:

AgeWas an operation performed? No Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Larry Tindan M. D.(Address) 16 S. Broadway

F 28837

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28837

CERTIFICATE OF DEATH.

REGISTERED NO. 93-C

1-PLACE OF DEATH

City of BALTIMORE: (No. 2207 E. Oliver St. 12-4 Ward)

2-FULL NAME William Baunmeister

(a) RESIDENCE NO. 333 E 22nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Baunmeister

6 DATE OF BIRTH (month, day, and year) May 7, 1858

7 AGE 78 Years 6 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) T.C. Schu

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER John Wm Baunmeister

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Hauck

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14

Informant (Address) My Frank Baunmeister 4902 Harford Rd

15

Filed

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7/1936

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.

and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

CONTRIBUTORY (Secondary) Cardiac Failure (duration) yrs. mos. d.

(Signed) Paul Scheuber (Coroner) M.

19 (Address) 1919 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. d.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Holy Redeemer

11/10/1936

20 UNDERTAKER

L. Seemann & Son 32 E. B.

28898

✓ F 28898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Bayonne Ave St. 27 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Christiana F. Allen

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 3108 Bayonne

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles W. Allen

6. DATE OF BIRTH (month, day, year)

11-25-1852

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.831114

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.at Home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore

FATHER

13. NAME

James Freeman14. BIRTHPLACE (city or town)
(State or country)England

MOTHER

15. MAIDEN NAME

McKinnon16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Lillian Cox
3108 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL

London ParkDate 11/19 1936

19. UNDERTAKER

(Address)

Leonard French
5051 Buford Rd

9 FILED 1936

Stanton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov. 9th 1936

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1930 to Nov 9th 1936I last saw him alive on Nov 8th 1936 Death is said
to have occurred on the date stated above, at 6:30 A m.The principal cause of death and related causes of
importance were as follows:Myocard Stenosis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed?

no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Wm H. Guder

M. D.

(Address)

3706 Callaway Ave

28899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28899

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 E. Preston St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Rev. William M. Clements

If U. S. Veteran

specify WAR

(a) Residence: No. 2521 E. Preston St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) ----- 1870

7. AGE Years 66 Months --- Days --- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Priest 0018

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery County Maryland (State or country)

13. NAME Not obtainable

14. BIRTHPLACE (city or town) Not obtainable (State or country)

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Rev. Stanley J. Scarff (Address) 2521 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cem. Date 11/10 1936

19. UNDERTAKER Henry V. Meares & Son (Address) 805 N. Calvert St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930, to Nov 6, 1936

I last saw him alive on Nov 6, 1936. Death is said to have occurred on the date stated above, at 730 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy)

Date of onset

Nov 6, 1936

Other contributory causes of importance:

General Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. H. Hayward M. D.

(Address) 115 E. Eager St

F 28900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 9-9* Ward)

2. FULL NAME

(a) Residence: No. *Bellona Ave - Lutherville, Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *single*

6. DATE OF BIRTH (month, day, year) *Nov. 14, 1883*

7. AGE Years *53* Months *11* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Lutherville Md.*

13. NAME *John E. Robinson*

14. BIRTHPLACE (city or town) (State or country) *Lutherville Md.*

15. MAIDEN NAME *Mollie Linsdale*

16. BIRTHPLACE (city or town) (State or country) *Lutherville Md.*

17. INFORMANT *John E. Robinson*

(Address) *Seminary Ave - Lutherville*

18. BURIAL, CREMATION, OR REMOVAL Place *Pleasant Rest* Date *Nov. 16, 1936*

19. UNDERTAKER *Mrs. Geo. H. Ireland*

(Address) *1621 Druid Hill Ave*

20. FILED *1-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-8-1936*

22. I HEREBY CERTIFY, That I attended deceased from *10-29-1936* to *11-8-1936*

I last saw him alive on *11-8-1936* Death is said

to have occurred on the date stated above, at *5:25 A.M.*

The principal cause of death and related causes of importance were as follows:

*Uremia
Benign Prostatic Hypertrophy
Septic
Emphysema*

Other contributory causes of importance: *none*

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. Austran* M. D.

(Address) *St. Jos. Hospital*

Baltimore Md.

28901

F 28901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Arlington Avenue St. 27-10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME John J. Devoy

(a) Residence: No. 608 Arlington Avenue St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Elizabeth Devoy (WIFE)

6. DATE OF BIRTH (month, day, year) May 27, 1868

7. AGE Years 68 Months 5 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News Co. 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME John Devoy 14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Davis 16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Miss Elizabeth Devoy (Address) 608 Arlington Avenue

18. BURIAL, CREMATION, OR REMOVAL Place of Mary's Grave Date Nov 10th 1936

19. UNDERTAKER John A. Moran 3000 E. Balto St.

20. FILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to November 7, 1936

I last saw him alive on November 7, 1936. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Dec. 1935

Other contributory causes of importance:

Arteriosclerosis

Senile Gangrene of Lower Left Leg Oct 31, 1936

Was an operation performed? No Date of

For what disease or injury? Date of

Name of operation Clinical Examination Date of

What test confirmed diagnosis Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature) George H. H. M. D.

(Address) 401 East 25th Street

28902

✓ F 28902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13254 Central ave, St. 9-4 Ward)

Length of residence in city or town where death occurred 58 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Catherine Heary

(a) Residence: No. 13254 Central ave, St. 9-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 95-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND or (or) WIFE of John Heary | | |
| 6. DATE OF BIRTH (month, day, year) Dec. 13-1860 | | |
| 7. AGE Years 75 Months 10 Days 24 If LESS than 1 day, hrs. or min. 25 | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 10. Date deceased last worked at this occupation (month and year) |
| 11. Total time (years) spent in this occupation | | 12. BIRTHPLACE (city or town) (State or country) Ireland |

| | |
|--------|--|
| FATHER | 13. NAME Peter Farrell |
| | 14. BIRTHPLACE (city or town) (State or country) Ireland |
| MOTHER | 15. MAIDEN NAME Catherine Farrell |
| | 16. BIRTHPLACE (city or town) (State or country) Ireland |

| |
|--|
| 17. INFORMANT Patrick J. Heary (Address) 13254 Central ave |
| 18. BURIAL, CREMATION, OR REMOVAL Place New Calvary Date Nov. 10-1936 |

| |
|--|
| 19. UNDERTAKER John A. Morgan (Address) 3100 E. Baltimore |
|--|

| |
|----------------|
| 20. FILED 1936 |
|----------------|

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) 11/7/1936 |
| 22. I HEREBY CERTIFY, That I attended deceased from 10:16, 1936, to 11:7, 1936 |
| I last saw her alive on 11-7-36 Death is said to have occurred on the date stated above, at 10:30 a.m. |
| The principal cause of death and related causes of importance were as follows: Broncho-Pneumonia |
| Other contributory causes of importance: Arteriosclerotic Cardio-Vascular Disease |
| Was an operation performed? No Date of |
| For what disease or injury? |
| What test confirmed diagnosis? P.E. Was there an autopsy? No |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 |
| Where did injury occur? (Specify city or town, county, and State) |
| Specify whether injury occurred in industry, in home, or in public place |
| Manner of injury |
| Nature of injury |
| 24. Was disease or injury in any way related to occupation of deceased? No If so, specify |
| (Signed) Joseph S. Blum M. D. (Address) 1206 E. Preston St |

28903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 W. Lexington St. 70-1 Ward)

Length of residence in city or town where death occurred 14 yrs. mes. ds. How long in U. S. If of foreign birth? 14 yrs. mes. ds.

2. FULL NAME Emma Elizabeth McGregor

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1803 W. Lexington St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married (write the word)

5a. If married, widowed, or divorced HUSBAND of Charles McGregor (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-5-36

7. AGE About - 62 - Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Housewife sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Brunswick (State or country) Maryland

13. NAME Adam Kidwiller

14. BIRTHPLACE (city or town) W. Va. (State or country)

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Mrs. Sarah Garriott

(Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brunswick, Md. Date Nov. 10, 1936

19. UNDERTAKER Larry A. Witzke (Address) 4101 Edmondson

20. FILED 1936 Huntington Nov. 10, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/36

22. I HEREBY CERTIFY, That I attended deceased from 11/5-36 to 11/8-36

I last saw him alive on 11/7-36 Death is said to have occurred on the date stated above, at 5:04 a.m.

The principal cause of death and related causes of importance were as follows:

Alcohol

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation Fishing Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Charles A. Carter M. D.

(Address) 2145 N. Balto St.

F 28904

F 28904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *3034 Greene*

(Usual place of abode)

St. _____ Ward _____

If U.S. Veteran

specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Anthony Carnaggio*6. DATE OF BIRTH (month, day, year) *June 1 / 1872*7. AGE *64* Years *61* Months *5* Days *5-8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *6037*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Italy*13. NAME *James Farsee*14. BIRTHPLACE (city or town) (State or country) *Italy*15. MAIDEN NAME *Conditte Serio*16. BIRTHPLACE (city or town) (State or country) *Italy*17. INFORMANT *Minnie Serio*
(Address) *3034 Greene St*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *11-10* 19 *36*19. UNDERTAKER *Frederick A. Gale*
(Address) *1700 W. Lombard St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11 / 7* 19 *36*22. I HEREBY CERTIFY. That I attended deceased from *11/2* 19 *36*, to *11/7* 19 *36*.I last saw her alive on *11/7* 19 *36*. Death is said to have occurred on the date stated above, at *3. A m.*

The principal cause of death and related causes of importance were as follows:

*Acute thrombosis
arteriosclerosis*Date of entry
Sept. 36

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Francis S. Dickey* M. D.(Address) *University Hospital*

DV 101936

F 28905

HEALTH DEPARTMENT—CITY OF BALTIMORE 18395

CERTIFICATE OF DEATH

108 F 28905

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U.S. Veteran
specify WAR

2. FULL NAME

George Dean

(a) Residence: No. 610 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/22/18807. AGE Years Months Days If LESS than
56 1 17 I day, hrs.
or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) N. C.
(State or country)FATHER 13. NAME Amos Dean
14. BIRTHPLACE (city or town) N. C.
(State or country)MOTHER 15. MAIDEN NAME Ellie Knott
16. BIRTHPLACE (city or town) N. C.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wendell N.C. Date Nov 11, 193619. UNDERTAKER John F. Rainey
(Address) 715 Light St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 193622. I HEREBY CERTIFY, That I attended deceased from
11-2 1936 to 11-9 1936I last saw him alive on 11-9 1936. Death is said
to have occurred on the date stated above, at 6 A.m.The principal cause of death and related causes of
importance were as follows:Latent PneumoniaDate of onset
2 mhs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

OV 1 01936

28907

F 28907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N Central Ave Ward 3)Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 731 N Central Ave Ward 3
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Color 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie Stern6. DATE OF BIRTH (month, day, year) Aug 5-19027. AGE Years 34 Months 3 Days 1 If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) (State or country) Spanxpoint Md

FATHER

13. NAME Charles Stern14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Evelyn Adams16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT (Address) Carrie Stern
1407 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/11 1936

19. UNDERTAKER

(Address) W. D. Elliott & Co
1129 N. Carroll St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema
Acute Myocarditis

Date of onset

Nov
6
1936

Other contributory causes of importance:

Was an operation performed? no ofFor what disease or injury? noName of operation no

Date of

What test confirmed diagnosis? History Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George P. Allen(Address) 557 Annapolis St

M. D.

M. 28908

F 28908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *405 N Lee* St., *22* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME

(a) Residence: No. *405 N Lee St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|--------------------------------|--|
| SEX <i>Male</i> | 4. Color or Race <i>Col</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|--------------------|--------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|---------------------|-------|--------|------|--|
| 7. AGE <i>32</i> | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---------------------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ind*13. NAME *James T. Gray*14. BIRTHPLACE (city or town) (State or country) *Ind*15. MAIDEN NAME *Lurma Gross*16. BIRTHPLACE (city or town) (State or country) *Ind*17. INFORMANT *Annie Hards.*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary Chrch*Date *11/10*

1936

19. UNDERTAKER *Walter B. Pugh*(Address) *1220 W. 1st St.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/7 3 19*22. I HEREBY CERTIFY, That I attended deceased from *Sept 22* 19*34* to *Nov 7* 19*34*I last saw him alive on *Nov 7* 19*34* Death is said to have occurred on the date stated above, at *6:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

*Pulmonary Tuberculosis*Name of operation *Physician's signs* Date ofWhat test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

Signed) *H. Thompson*(Address) *501 W. 1st St.*

M. D.

F 28909

F 28909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18359 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Gross

(a) Residence: No. 1011 Plum Alley

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Sarah Gross (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-18-1886

7. AGE Years 50 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Perry Gross

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records

(Address)

18. CREMATION, OR REMOVAL

Place Calvary Co. Md. Date 11/11 1936

19. UNDERTAKER Frances A. Hemmels (Address) 371 W. Biddle St.

20. FILED

101936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1936 to November 8, 1936

I last saw him alive on November 8, 1936. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Ample Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Leah H. Feldman

M. D.

(Address)

Baltimore City Hospital

28910

28910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12 S. Eyster St.* Ward) *38*Length of residence in city or town where death occurred *38* yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *12 S. Eyster* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Rebecca Richmond*

6. DATE OF BIRTH (month, day, year)

7. AGE *63* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. *Re.* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russard*13. NAME *Joseph Richmond*14. BIRTHPLACE (city or town) (State or country) *Russard*15. MAIDEN NAME *Shonie*16. BIRTHPLACE (city or town) (State or country) *Russard*17. INFORMANT *Rebecca Richmond* (Address) *12 S. Eyster St.*18. BURIAL, CREMATION, OR REMOVAL *11-10-36* Place *Russard* Date19. UNDERTAKER *Jack Lewis Inc.* (Address) *1439 E. Pratt St.*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 9* 19*36*22. I HEREBY CERTIFY That I attended deceased from *Nov. 4* 19*36* to *Nov. 9* 19*36*I last saw him alive on *Nov. 9* 19*36* Death is said to have occurred on the date stated above, at *9:34* a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion acute Angina pectoris Diabetes Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Paul J. Smith* M. D.(Address) *1439 E. Pratt St.*

28911

HEALTH DEPARTMENT—CITY OF BALTIMORE 28911

CERTIFICATE OF DEATH

✓ 145-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 3-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1712 S. Charles* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*
6. If married, widowed, or divorced HUSBAND of *Fredrick* (or) WIFE of _____6. DATE OF BIRTH (month, day, year) *May 19, 1916*7. AGE Years *20* Months *5* Days *19* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*FATHER 13. NAME *Nicholas Smith*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*MOTHER 15. MAIDEN NAME *Mary Schmidt*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*17. INFORMANT *Fredrick Koch* (Address) *1712 S. Charles St*18. BURIAL, CREMATION, OR REMOVAL Place *St Matthews* Date *Nov 11*, 193619. UNDERTAKER *John J. Buckley* (Address) *122 S. 1st Ave.*20. FILED *NOV 10 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 8*, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Puerperal Septicemia

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *J. M. M. M.* Coroner M. D.(Address) *1010 S. Ellwood Ave*

28912

F 28912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 E. Hoffmann

St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH E. BROWN (SARAH H.)

(a) Residence: No. 1010 E. Hoffmann

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

5a. If married, widowed, or divorced ~~DISBANED~~ (or) WIFE of William H. Brown

6. DATE OF BIRTH (month, day, year) April 16th, 1866

7. AGE Years 70 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Hugh Campbell

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Reilly

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT William Brown (Address) 1010 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov. 12th, 1936

19. UNDERTAKER (Address) 118 W. Mt. Royal Ave.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1936

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 10/18/36 Death is said

to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Subcardiac Infection

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Bernard W. M. D.

(Address) 1216 N. Calvert St.

101936

F 28913

F 28913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 E. Balto St., 6-5 Ward)Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 52 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1516 E. Balto St St., 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Isaac Berman
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 75 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Russia
(State or country)13. NAME Benj. Wagon Keim
14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Bessie
16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Alram Berman
(Address) 905 E. Fayette St.18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11/11/36 1919. UNDERTAKER Jack Lewis
(Address) 1437 E. Balto St.20. FILED OV 101936 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9-36, 19 3622. I HEREBY CERTIFY. That I attended deceased from Nov 7, 19 36, to Nov 9, 19 36
I last saw him alive on Nov 9, 19 36 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis Date of onset Nov 7

Other contributory causes of importance:

arterio sclerosisWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) William S. Schuler M. D.
(Address) 1514 E. Balto St.

28914

F 28914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 S. Durham St., 2-2 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 26 S. Durham St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Oct 15 19367. AGE Years Months Days If LESS than 1 day, hrs. or min. 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none. 10. Date deceased last worked at this occupation (month and year) none. 11. Total time (years) spent in this occupation none.12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Ira Younger14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Catherine Langreher16. BIRTHPLACE (city or town) Baltimore (State or country) MD.17. INFORMANT Ira Younger (Address) 26 S. Durham St.18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Nov. 10. 193619. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.20. FILED 101936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) A. W. Wright M. D.(Address) 1010 S. Eldred St.

F 28915

F 28915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph's Hospital 9-4* Ward)Registered No. *xv82-w*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *William L. Davies*(a) Residence: No. *1535 Wallach Place* St., *Washington DC.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Calend* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of *Lucinda Davis* (or) WIFE6. DATE OF BIRTH (month, day, year) *1871*7. AGE Years *65* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Upholsterer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Porter* 10. Date deceased last worked at this occupation (month, day, and year) *Nov 8 1936* 11. Total time (years) spent in this occupation *8*12. BIRTHPLACE (city or town) (State or country) *London Ga.*FATHER 13. NAME *Nector Davis*14. BIRTHPLACE (city or town) (State or country) *Ga*MOTHER 15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Lucinda Davis* (Address) *1535 Wallach St*18. BURIAL, CREMATION, OR REMOVAL *Washington DC.* Date *Nov 10 1936*19. UNDERTAKER *Bernard P. Hensley* (Address) *818 2nd St NW*20. FILED *OV 101936* 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 9 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 8 1936* to *Nov. 9 1936*I last saw him alive on *Nov 9 1936* Death is said to have occurred on the date stated above, at *9:30 pm.*

The principal cause of death and related causes of importance were as follows:

*Hypertension
Cerebral Hemorrhage*

Date of onset

1 day

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned: *H. Austran* M. D.(Address) *St Joseph's Hospital*

F 28916

F 28916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Mary Hospital

CITY OF BALTIMORE: (No.)

St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frances Elizabeth Curtis

If U.S. Veteran specify WAR

(a) Residence: No. 2103

Sidney Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct. 8, 1936

7. AGE

Years

Months

Days

If LESS than 1 day, 20 hrs. or min.

20 hours

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Kenneth A. Curtis

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Fitz Neville

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mother 2103 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL

Cathedral

Date

11-10-36

19. UNDERTAKER

(Address)

Bernard C. Harle 181 E. Neal St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Oct. 9, 1936

22.

I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1936 to Oct. 9, 1936

I last saw her alive on Oct. 9, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

fatal atelectasis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

L. E. Jones

M. D.

(Address)

Mary Hospital

28917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17890

F 28917

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary Delozier

(a) Residence: No. 1436 Towson St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard

6. DATE OF BIRTH (month, day, year) 4-3-1913

7. AGE Years 23 Months 7 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER 13. NAME Michael Clark
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER 15. MAIDEN NAME Annie Coleman
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Records of Balto/ City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/12 1936

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 1936

22. I HEREBY CERTIFY That I attended deceased from 10-13 1936 to 11-9 1936

I last saw her alive on 11-9 1936. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 36 hrs.

Other contributory causes of importance:

Perinicious Vomiting of Pregnancy?

Was an operation performed? Yes Date of Oct 22, 1936

For what disease or injury? Removal of Fetus (Caesarean Section)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) John L. Ramsey

(Address) Baltimore City Hospital

NOV 10 1936

F 28918 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward) 8-2Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John T. King

If U. S. Veteran

Specify WAR

(a) Residence: No. 1633 N. Monmouth Ave St. 5

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Pauline Sieber King
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 4th, 1860.7. AGE Years 76 Months 4 Days 3 If LESS than 1 day ####8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman
10. Date deceased last worked at this occupation (month and year) 6-2
11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME John King14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Annie (Unknown)16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT John T. King Jr. (Son)
(Address) 5007 Morella Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 10th 193619. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue20. FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-3622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Isac Base Rule 11-7-

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 11-7-36Where did injury occur? Bay + Patterson Park Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place StreetNature of injury Struck by bus while crossing Street

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Richard Gentry(Address) 907 N. Charles

Coroner

M. D.

28919

HEALTH DEPARTMENT—CITY OF BALTIMORE

28919

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *835 N. Eutaw* St. *11-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *51* yrs. *5* mos. *19* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Moore

If U. S. Veteran

specify WAR

(a) Residence: No.

1835 N. Eutaw

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widow*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*the late Guy A. Moore*

6. DATE OF BIRTH (month, day, year)

May 20th 1885

7. AGE

Years

Months

Days

If LESS than

*51**5**19*

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

John Wilson

14. BIRTHPLACE (city or town) (State or country)

Scotland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

La

17. INFORMANT

(Address)

*Mr Guy A. Moore
835 N. Eutaw St*

18. BURIAL, CREMATION, OR REMOVAL

Place

Memorial Cathedral

Date

11/11/1936

19. UNDERTAKER

(Address)

*John J. Cowan & Son
901 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/8/1936

22. I HEREBY CERTIFY, That I attended deceased from

November 6, 1936, to November 8, 1936

I last saw him alive on

November 8, 1936

Death is said

to have occurred on the date stated above, at *11:50 P.M.*

The principal cause of death and related causes of importance were as follows:

*III myocardial failure.
Tuberculosis.
Chronic nephritis*

Date of onset

Other contributory causes of importance:

Obesity

Was an operation performed?

No.

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Arthur S. Birch M. D.**2314 - West North Ave.*

FILED

19

Registrar

28920

F 28920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 322 S. Bond St. 3rd Ward
 CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Bigler
 (a) Residence: No. 322 S. Bond St., 3rd Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Annie Bigler

6. DATE OF BIRTH (month, day, year) March 23 1866

7. AGE Years 70 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker
 10. Date deceased last worked at this occupation (month and year) 3 yrs 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Berne Switzerland (State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) Not known (State or country) Switzerland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known (State or country) Switzerland

17. INFORMANT Stanley Bigler (Address) 327 W. Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Nov. 14, 1936

19. UNDERTAKER Wm. J. Tichner & Son (Address) 1214 N. Broadway

19. UNDERTAKER Wm. J. Tichner & Son (Address) 1214 N. Broadway

19. UNDERTAKER Wm. J. Tichner & Son (Address) 1214 N. Broadway

19. UNDERTAKER Wm. J. Tichner & Son (Address) 1214 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Nov 8, 1936

I last saw him alive on Nov. 8, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis of Heart

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. J. Tichner & Son M. D.

(Address) 4006 Parkwood Ave

FILED
 101936

F 28921 HEALTH DEPARTMENT—CITY OF BALTIMORE F 28921

CERTIFICATE OF DEATH ✓ 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pamelia Lee

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. Locust Ave., Ruxton

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank H. Lee

6. DATE OF BIRTH (month, day, year) June 5, 1890

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 46 | 4 | 5 | 3 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William F. Schaible

14. BIRTHPLACE (city or town) Woodlawn, Balto. Co.
(State or country) Maryland

15. MAIDEN NAME Barbara Eckert

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Barbara Schaible
(Address) Dorwood Road, Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Nov. 11, 1936

19. UNDERTAKER (Address) 1003 W. Baltimore St.

RECEIVED

NOV 10 1936

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arrenic Poisoning 11-7-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (injury) fill in also the following: Accident, suicide, or homicide? Date of Injury 11-7, 1936

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Took Paris Train

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

850 W. 36th St.

Coroner

M. D.

28922 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-BF 28922
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-1 Ward)

Length of residence in city or town where death occurred 5 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henrietta E. C. Ramm

If U.S. Veteran
specify WAR

(a) Residence: No. German Aged Home

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Henry A. Ramm
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 19, 1853

7. AGE Years 83 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant at State 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 608 Training School 10. Date deceased last worked at this occupation (month and year) April 1931 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Detmold (State or country) Germany

13. NAME Karl G. Reese

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Wuter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home (Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill Cem. Place Washington, D. C. Date Nov. 11, 1936

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. REGISTRAR (Address) 953 Hanover St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1/36, 19 to Nov. 9/36, 19

I last saw her alive on Nov. 8/36, 19. Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Arterio-Sclerosis Unknown

Other contributory causes of importance:

Chronic Cardiac Hypertrophy. Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify

(Signed)

(Address) 953 Hanover St.

F 28923

F 28923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. _____)

St. 6 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME William E. Eble G 2318510If U.S. Veteran
specify WAR

S.A.W.

(a) Residence: No. 149 N. Ellwood Ave.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret J. Ostermann6. DATE OF BIRTH (month, day, year) December 2, 1877

| | | | | |
|--------|-----------|-----------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>58</u> | <u>11</u> | <u>6</u> | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) January, 193611. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME William Eble14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Agnes King16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Dec. 12, 193619. UNDERTAKER Richard W. Wileger
(Address) 670 Chestnut St.

20. FILED

OV 1 01936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 193622. I HEREBY CERTIFY. That I attended deceased from
August 12, 1936 to November 8, 1936I last saw him alive on November 8, 1936. Death is said
to have occurred on the date stated above, at 4:35 P.M.The principal cause of death and related causes of
importance were as follows:Carcinoma of liver, primary
Hemochromatosis

Date of onset

Unknown

H

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) T. M. H. a. dunn M. D.(Address) U.S. Marine Hospital

F 28924

F 28924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward *11-4*)Registered No. *11-4*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *16* yrs. *24* mos. *24* ds. in U. S. If of foreign birth? *16* yrs. *24* mos. *24* ds.

2. FULL NAME

(a) Residence: No. *1313 Madison Ave.* St., *1313* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 14, 1935*7. AGE Years *1* Months *16* Days *24* If LESS than 1 day, *24* hrs. or *24* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *Mohamed Abraham*14. BIRTHPLACE (city or town) *Bombay* (State or country) *India*15. MAIDEN NAME *Carrie Lee*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*17. INFORMANT *Carrie Abraham* (Address) *1313 Madison Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Mt Calvary* Date *11-10-36*19. UNDERTAKER *Byron + Francis H. Wright* (Address) *1218 E. Calvary St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11. 7. 1936*22. I HEREBY CERTIFY, That I attended deceased from *11. 4. 1936* to *11. 7. 1936*I last saw him alive on *11. 7. 1936* Death is said to have occurred on the date stated above, at *11. 7. 1936* m.

The principal cause of death and related causes of importance were as follows:

*Lobar pneumonia*Date of onset *10.24.36*Other contributory causes of importance: *none*Was an operation performed? *no* Date of *no*

For what disease or injury?

Name of operation *clinical* Date of *no*What test confirmed diagnosis *clinical* Is there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *D. Carr* M. D. (Address) *1313 Madison Ave*

20. FILED

11-10-1936

Registrar

M. D. B. 1268-2
28925

F 28925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Calhoun St., 16-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 10 ds.How long in U. S. If of foreign birth? 4 yrs. 10 mos. 10 ds.2. FULL NAME James Albert ScrogginsIf U. S. Veteran
specify WAR _____(a) Residence: No. 713 N. Calhoun St., 16-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. Color or Race Col.5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 24 1936

7. AGE

Years 4Months 14Days 14If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

FATHER

13. NAME James Scroggins14. BIRTHPLACE (city or town) Indianapolis, Ind.
(State or country)

MOTHER

15. MAIDEN NAME Virginia Cabbie16. BIRTHPLACE (city or town) Indianapolis
(State or country)17. INFORMANT Virginia Scroggins(Address) 713 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. ZionDate Nov. 9, 193619. UNDERTAKER Mrs. Katie R. Williams(Address) 322 N. Schrock St.20. FILED 11-13-36

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence obtained by said _____ find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Branchial Pneumonia

Other contributory causes of importance:

Pneumonia

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) At Home

Coroner

M. D.

(Address) 1215 N. Howard

8926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28926

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Wilkens Ave. St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gustav A. Wrich

If U.S. Veteran
specify WAR

no.

(a) Residence: No. 1808 Wilkens Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud J. Wrich

6. DATE OF BIRTH (month, day, year) May 17, 1875

7. AGE Years 61 Months 5 Days 22. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt 10. Date deceased last worked at this occupation (month and year) Oct 9, 1936. 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Wrich

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maud J. Wrich (Address) 1808 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Nov. 12, 1936

19. UNDERTAKER Mrs. Mrs. John H. Guefel & Son (Address) 801 N. Fayette St.

20. FILED

OCT 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936 to Nov. 9, 1936.

I last saw him alive on Nov. 9, 1936 Death is said to have occurred on the date stated above, 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

coronary pneumonia

Date of onset

10/23/36

Other contributory causes of importance:

acute cardiac decompensation

3 days

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Central finding

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M.D.

(Address) 1030 Wilkens Ave.

F 328327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28927

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George Berens

If U.S. Veteran

Specify WAR _____

(a) Residence: No. 212 Central

ave.

Ward.

Great Falls Montana

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Cecilia

6. DATE OF BIRTH (month, day, year)

3-3-79

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

*57**8**7*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Minn.

FATHER

13. NAME

Mathais Berens

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Margaret Scholt

16. BIRTHPLACE (city or town) (State or country)

Ill.

17. INFORMANT (Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

St Paul. Minn.

Date

Nov. 11th 1936

19. UNDERTAKER (Address)

*Geo M. Frost**811 N Wolfe St*

20. FILED

19

Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 10 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 18 1936 to Nov 10 1936*I last saw him alive on *Nov 10 1936*. Death is said to have occurred on the date stated above, at *3:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of lung bronchus
Exploratory right thoracotomy*

Date of onset

2/18/36

Other contributory causes of importance:

*Empyema right*Was an operation performed? *Yes*Date of *10/10/36*

For what disease or injury?

Carcinoma of bronchus

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Donald H. H. H.

M. D.

(Address)

Johns Hopkins Hospital

28928

F 28928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Falls Road St. 27-1st Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 77 yrs. 10 mos. 2 ds.

2. FULL NAME

John Wesley KellerIf U. S. Veteran specify WAR NONE(a) Residence: No. 4309 Falls Road

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lane Keller6. DATE OF BIRTH (month, day, year) Jan-8-18597. AGE Years 77 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

FATHER

13. NAME Geo. W. Keller14. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

MOTHER

15. MAIDEN NAME Comfort Tracy16. BIRTHPLACE (city or town) (State or country) Hampstead Maryland17. INFORMANT Mrs. Susan K. Ennor, daughter(Address) 4309 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cine Grove Date Nov-11-193619. UNDERTAKER Steward M. M. M. M.(Address) Huntington, Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-9-193622. I HEREBY CERTIFY, That I attended deceased from Jan-36 to Nov-8-1936I last saw him alive on Nov-8-1936 Death is said to have occurred on the date stated above, at 4-30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Jan 36
General Anasarca,
Pulmonary Edema
Other contributory causes of importance:
Chronic Rheumatic
Endocarditis no 1874

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Physical signs no

23. If death was due to external causes (violence) it is also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) M. Gibson Porter M. D.(Address) 4823 Roland Ave

101936

28929

F 28929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3748 Tudor Arms St.* 13-7 Ward)Length of residence in city or town where death occurred *2 yrs. 0 mos. 0 ds.* How long in U. S. If of foreign birth *41 yrs. 5 mos. 14 ds.*

2. FULL NAME

(a) Residence: No. *3748 Tudor Arms St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR *World War*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Margaret S. Keck* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May-26-1895*7. AGE Years *41* Months *5* Days *13* If LESS than 1 day, hrs. *14* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Field Supervisor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Md. (Equally Co. Insurance)*
10. Date deceased last worked at this occupation (month and year) *Aug-12-1936* 11. Total time (years) spent in this occupation *2 yrs.*12. BIRTHPLACE (city or town) *Greenville* (State or country) *S. Carolina*13. NAME *Harry L. Keck Sr.*14. BIRTHPLACE (city or town) *Greenville* (State or country) *S. Carolina*15. MAIDEN NAME *Houme Shrom*16. BIRTHPLACE (city or town) *Greenville* (State or country) *S. Carolina*17. INFORMANT *Mrs. M. S. Keck - (wife)* (Address) *3748 Tudor Arms St.*

18. BURIAL, CREMATION OR REMOVAL

Place *Greenville Pa* Date *Nov-10-36*19. UNDERTAKER *Stewart Mowen Co.* (Address) *108 W. Main Ave.*20. FILED *1936* 19 *10* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov-9* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Aug-20-36* to *Nov-9* 19*36*I last saw him alive on *Nov-9* 19*36* Death is said to have occurred on the date stated above, at *5 A* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach, extensive, abdominal wall and mediastinum

Other contributory causes of importance:

Was an operation performed? *No* Date of *?*For what disease or injury? *Cancer of stomach*What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel H. Allen* M. D.(Address) *2611 Park Rd.*

F 28930

F 28930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Bon Secours Hosp.

CITY OF BALTIMORE: (No. 322-1-2)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Connolly

(a) Residence: No. 322-1-2

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

MOR VOTED
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, name of HUSBAND or WIFE of Barbara Connolly

6. DATE OF BIRTH (month, day, year) May 1862

7. AGE Years 74 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Water 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jeff Balts Ind 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Budgett Oley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Paul Connolly

(Address) 3018 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Church Date 11/12/1936

19. UNDERTAKER John J. Moran

(Address) 3000 E. Pratt St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 11, 1936 to Nov 9, 1936

I last saw him alive on Nov 9, 1936 Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerotic heart disease 1934

Other contributory causes of importance:

Chronic passive congestion of lungs 10-1-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Chronic

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Simon J. Kemp M. D.

(Address) Bon Secours Hospital

28931

15535

F 28931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME David Cooper

If U.S. Veteran

specify WAR _____

(a) Residence: No. 3 S. Frederick St.

St., _____ Ward, _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) ?7. AGE Years 40 Months ? Days ? If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME ?14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL NOV 10 1936 Place Quincy Rd Date 1919. UNDERTAKER Commissioner of Health (Address)20. FILED 1936 Per H. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 193622. I HEREBY CERTIFY, That I attended deceased from 1-30, 1936 to 11-6, 1936I last saw him alive on 11-6 7:45 PM Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) Date of onset Nov 10

Other contributory causes of importance:

Cerebral Thrombosis (non-arterial) ?Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Ramsey M.D.(Address) Baltimore City, Maryland

2740

28932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital) 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Allen (4116)(a) Residence: No. 1701 McCulloch St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|------------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 3, 1885

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>51</u> | <u>2</u> | <u>1</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Mississippi13. NAME Henry

14. BIRTHPLACE (city or town) (State or country)

Miss.15. MAIDEN NAME Mary Small

16. BIRTHPLACE (city or town) (State or country)

Miss.17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chw. of Md.NOV 10 1936

19. UNDERTAKER (Address)

Commissioner of HealthPer H. A. Moore

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 193622. I HEREBY CERTIFY, That I attended deceased from October 13, 1934, to November 4, 1936.I last saw him alive on November 4, 1936. Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

July 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Sam H. Feldman

M. D.

(Address) Baltimore City Hospitals

2732

17

F 28933 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28933

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....rs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John Wallace (14377)

(a) Residence: No. 1105 McCulloh St. St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Dec. 14, 1886</u> | | |
| 7. AGE Years <u>49</u> | Months <u>10</u> | Days <u>21</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Walter in Hotel</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0070</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Tom

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Alice Newby

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Surv. of Red Date NOV 10 1936

19. UNDERTAKER

Commissioner of Health

Per H. A. Moore

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936 to November 4, 1936

I last saw him alive on November 4, 1936. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset
Dec 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John H. Feldman

M. D.

(Address) Baltimore City Hospitals

2741

OCCUPATION is very important. See instructions on back of certificate.

28934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

The Johns Hopkins Hospital St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

200 East Jackson St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Black Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

October 12-1936

7. AGE

Years

Months

Day

If LESS than 1 day, hrs. or min.

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

1936

2744

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1936, to October 13, 1936

I last saw her alive on October 13, 1936 Death is said to have occurred on the date stated above, at 12²⁹ a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

The Johns Hopkins Hospital

(Signed)

(Address)

M. D.

28935

F 28935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Jail* St. *10-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *11/30* yrs. *11* mos. *30* ds. How long in U. S. If of foreign birth? *11* yrs. *11* mos. *30* ds.

2. FULL NAME

*Martin A. O'Donnell*If U. S. Veteran
specify WAR _____(a) Residence: No. *Transient*

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

*white*5. Single, Married, Widowed,
or Divorced (write the word)*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

July 14, 1901

7. AGE

*35*Months *5*Days *24*If LESS than
1 day, *24* hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Labourer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Balto Md*

FATHER

13. NAME

*Thomas P. O'Donnell*14. BIRTHPLACE (city or town)
(State or country)*Ireland*

MOTHER

15. MAIDEN NAME

*Mary Rose*16. BIRTHPLACE (city or town)
(State or country)*Ireland*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral*Date *Jan 11*

1934

19. UNDERTAKER

(Address)

Frank V. P. Pitone
2118 E. Balto. A.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*11/8/1936*22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an _____ thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by and _____ find that said deceased came
(Inquest, Autopsy or Inquiry)to _____ death on the day stated above.
The principal cause of death and related causes of
importance were as follows:

Date of onset

Chc. Myocarditis
Chc. Atherosclerosis
Hypostatic Pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____

Date of injury _____

19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Erin B. Gallane*(Address) *1031 St Paul St*

Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 7 01936

F 28936

✓ F 28936 536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 70-3 Ward)Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Amelia Schelle(a) Residence: No. 2007 McHenry St. St. 70-3 Ward. 70-3
(Usual place of abode) (If non-resident give city or town and State)Registered No. 95-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad (D)6. DATE OF BIRTH (month, day, year) 5-24-18577. AGE Years 79 Months 5 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John Hoos14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Louis16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 12, 193619. UNDERTAKER (Address) J. B. Schellert & Son

20. FILED

11 01936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 193622. I HEREBY CERTIFY, That I attended deceased from 11-7 1936 to 11-9 1936I last saw him alive on 11-9 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. L. Ramsey
Baltimore City Hospitals

28937

✓ F 28937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)Length of residence in city or town where death occurred *1 yr.* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *1 yr.* yrs. *0* mos. *0* ds.2. FULL NAME *William Roettger*Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. *1912 W. Fayette*St., *W. Fayette* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Annie L. Roettger*
WIFE of6. DATE OF BIRTH (month, day, year) *Aug 13, 1950*7. AGE *86* Years *2* Months *28* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired at Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *0*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *August Roettger*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *William V. Roettger*
(Address) *25 Deakland St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore* Date *Nov 12, 1936*19. UNDERTAKER *F. B. Chappin & Son*
(Address) *200 E. Lexington Ave.*20. FILED *1936* 19 *11* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-10-36*, 1922. I HEREBY CERTIFY. That I attended deceased from *10-30-36*, 19, to *11-10-36*, 19.I last saw him alive on *11-10-36*, 19. Death is said to have occurred on the date stated above, at *5:40 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Cardiovascular Disease
Myocardial Failure*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

(Address)

M. D.

28938

F 28938

320923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward) 4-2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Peter Charles

U. S. Veteran

(a) Residence: No. _____

724 W. Lexington

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX M | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|-------------|---------------------------|--|

| |
|---|
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen |
|---|

6. DATE OF BIRTH (month, day, year) June 22-1901

| | | | | |
|--------|-------------|-------------|------------|--|
| 7. AGE | Years 35 | Months 4 | Days 16 | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------------|-------------|------------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adams Co |
| | 10. Date deceased last worked at this occupation (month and year) 4/4/36 |

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME John - Charles

14. BIRTHPLACE (city or town) Europe
(State or country)

15. MAIDEN NAME Mary Miknietus

16. BIRTHPLACE (city or town) Europe
(State or country)17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 11th 193619. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILER 01536

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1936, to Nov 8, 1936

I last saw him alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at 9⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Anemia

Date of onset
11-4-36
(circ.)

Bilateral infected hydrocephalus

Other contributory causes of importance:

Left-sided cardiac failure
with pulmonary edema

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

21. Was disease or injury in any way related to occupation of deceased?

no

If so, specify _____

(Signed) James H. Lemana

(Address) Johns Hopkins Hospital

M. D.

28939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28939

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Harford Ave - 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME

(a) Residence: No. 1721 Harford Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran specify War

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, name of HUSBAND of Ethelinda Shannon

6. DATE OF BIRTH (month, day, year) Sept 25th 1880

7. AGE Years 56 Months 1 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 9. Industry or business in which work was done, as saw mill, bank, etc. Ind. Alcohol. Co 10. Date deceased last worked at this occupation (month and year) 10/21/36 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) St Louis Mo

13. NAME Patrick Shannon

14. BIRTHPLACE (city or town) (State or country) Camella

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) St Louis Mo

17. INFORMANT Ethelinda Shannon (Address) 1721 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 11th 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

20. FILED 101336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to Nov. 8, 1936.

I last saw him alive on Nov. 8, 1936, at 3:35 p.m. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Nov. 1, 36

Other contributory causes of importance:

Hypertensive Cardiovascular Lesions 1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Samuel H. Wolfe M. D.

(Address) 1331 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 28940

28940 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 11-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *15* yrs. *0* mos. *0* ds.

U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1016 Cathedral* St., *15* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Miss Marie Veira* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 26 1895*7. AGE Years *31* Months *1* Days *13* If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tool dresser*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *assembly W. P. A. at Balto City Hos.*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *St Kuffs* (State or country) *British West Indies*13. NAME *Wilfred Ernest*14. BIRTHPLACE (city or town) *St Kuffs* (State or country) *British West Indies*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *St Kitts* (State or country) *British West Indies*17. INFORMANT *June McCutcheon* (Address) *1271 E. 37th Brooklyn N. Y.*18. BURIAL, CREMATION, OR REMOVAL Place *Not known* Date *11/12*19. UNDERTAKER *Wm. J. Paul* (Address) *1217 E. 37th Brooklyn N. Y.*20. FILED *Wm. J. Paul* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 9*, 19*36*22. I HEREBY CERTIFY: That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably coronary embolism

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. W. Wright
1010 S. Ellwood Ave.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

28941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louise Gant

If U. S. Veteran

specify WAR

(a) Residence: No.

Damerson P.O. Maryland

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

Negro

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 5, 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

infant

12. BIRTHPLACE (city or town) (State or country)

Damerson P.O. Md

MOTHER FATHER

13. NAME

Edward Gant

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Priscilla Walton

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Dr. M. E. Weyman
Md. State Health Dept

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. G. Md

NOV 10 1936

19. UNDERTAKER

(Address)

C. H. A. Moore

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11. 5. 1936

22. I HEREBY CERTIFY. That I attended deceased from 10. 29. 1936 to 11. 5. 1936

I last saw her alive on 11. 5. 1936 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

Acute G-I indigestion

Date of onset 9. 26

Other contributory causes of importance:

Marasmus

10. 12. 36

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clinical

Date of autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. H. Carr
515 Mosher St

M. D.

OCCUPATION is very important. See instructions on back of certificate.

V 3 3

✓ F 28942 28942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *10-1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Matthew Doyle

(a) Residence: No. *1200 - Valley* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1880*

7. AGE *56* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0010* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *Martin Doyle*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mary Kane*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup* (Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Nov. 11* 19*36*

19. UNDERTAKER *Bila Wiedefeld* (Address) *914 Greenmount Ave*

20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 9 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 30* 19*32* to *Nov 9* 19*36*

I last saw him alive on *Nov 6* 19*36* Death is said to have occurred on the date stated above, at *12:30 P.* m.

The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis

Date of onset

Other contributory causes of importance:

Ch. Nephritis

?

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Phys. Lab* Date of *No*

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) *L. M. Barker* M. D.

(Address) *1114 Harbor Ave*

SEE CAUSE OF DEATH ON BACK OF CERTIFICATE. See instructions on back of certificate.

V 3 3

28943 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28943

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Edgegreen Ave St., 42 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret A. Farber

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 3601 Edgegreen Ave St., 42 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edwin F. Farber (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1894

7. AGE Years 42 Months 1 Days 6 if LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James F. Jones

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Tucker

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Edwin F. Farber (Address) 3601 Edgegreen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/11 1936

19. UNDERTAKER G. Vernon Lemon (Address) 4611 Park Heights Ave.

20. FILED 1836 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936 to Nov 8, 1936
I last saw him alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder
general carcinomatosis

Date of onset

over

Other contributory causes of importance:

Acute myocardial degeneration 3 days
acute hepatitis 3 days

Was an operation performed? none
For what disease or injury application of radium

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. nichel M. D.

(Address) 2901 Edmond Ave

OCCUPATION is very important. See instructions on back of certificate.

28944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28944

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 Andrea

St. 24-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcvanna Todorski

If U.S. Veteran

specify WAR

(a) Residence: No. 1361 Andrea

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced. (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of Adam Todorski (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Jan. 1 1870 | | |
| 7. AGE Years 66 | Months 10 | Days 8 |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | 00 37 |

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) Poland |
| | 13. NAME Paul Kazmierczyk |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) Poland |
| | 15. MAIDEN NAME Frances Szczepanczuk |
| | 16. BIRTHPLACE (city or town) (State or country) Poland |

17. INFORMANT Mr. Adam Todorski
(Address) 1361 Andrea Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 12 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 1936 to Nov. 1936

I last saw her alive on Nov. 6, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery thrombosis

Day of onset

Nov 1

1 year

Other contributory causes of importance:

Was an operation performed?

Yes

Date of August 14, 1936

For what disease or injury?

Coronary artery

What test confirmed? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. S. Marx M. D.

(Address)

76 Calhoun St.

101936

F 28945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28945

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Chelsea Terrace St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Joseph C. Hersh

(a) Residence: No.

1803 Chelsea Terrace St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Amanda B. Hersh (nee Dunn)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1884.

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 52 | | 4 | 21 | |

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. General Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newport, Pa.
(State or country)

13. NAME Hersh

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Mary Pee

16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Mrs. Amanda B. Hersh
(Address) 1803 Chelsea Terrace18. BURIAL, CREMATION, OR REMOVAL
Place Altoona, Pa. Date Nov. 11/193619. UNDERTAKER Harry H. Witzke
(Address) 101 Edmondson Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/36

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Nov 1936

I last saw him alive on Nov 10th, 1936 Death is said to have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma in Rt lung (Primary)

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes

Date of

July 1936

For what disease or injury? Carcinoma of lung

Name of operation Exploratory

Date of

July 1936

What test confirmed diagnosis? Biopsy

23. If death was due to external causes (violence) fill in the following: No

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

28946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 E Fayette St., 6-4 Ward)Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lena Kaplan(a) Residence: No. 2025 E Fayette St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

David

6. DATE OF BIRTH (month, day, year)

1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

56

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Louis Snyder

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Evelyn Gesser

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Jacob Kaplan
1727 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale City Date Nov 11, 1936

19. UNDERTAKER (Address)

Edwin Brown
1127 E. Baltimore St.

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10, 193622. I HEREBY CERTIFY. That I attended deceased from 11/12/36, 1936, to 11/10, 1936.I last saw him alive on 11/10, 1936. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

5-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Bioopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. Zinberg

M. D.

(Address)

2320 Eutan plan

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-1
F 28947

F 28947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Ashland Ave. St. 7-5 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Anastasia Horack(a) Residence: No. 2036 Ashland Ave. St., 7-5 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Frank Horack
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18757. AGE Years 61 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Bohemia13. NAME Joseph Kisilovsky14. BIRTHPLACE (city or town) (State or country) Bohemia15. MAIDEN NAME Kulinsky16. BIRTHPLACE (city or town) (State or country) Bohemia17. INFORMANT Frank Horack
(Address) 2036 Ashland Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Nov 12, 193619. UNDERTAKER Frank Cough & Son
(Address) 1906 Ashland Ave.20. FILED 1936 19 Nov 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in care thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 9, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul M. Harker(Address) 1919 E. North Ave. Coroner

M. D.

See instructions on back of certificate.

28948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) LifeLength of residence in city or town where death occurred yes mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME (Mrs) ELIZABETH KRUEGER ORTMANN(a) Residence: No. 1713 E. Fairmount Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Richard Ortmann
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 22, 18557. AGE Years 81 Months 0 Days 18 If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Daniel Krueger14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Maria Prinz16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Otto Ortmann (Son)(Address) 3034 St. Paul St.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov. 12, 1936HENRY SANDER & SONS, INC. Henry P. Sander
19. UNDERTAKER (Address) Baltimore & Broadway.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in thirteen and from the evidence (Inquest, Autopsy or Inquiry)obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of left femur

Other contributory causes of importance:

Hypertensive PneumoniaWas an operation performed? Date of

For what disease or injury?

Name of operation Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 10/25, 1936Where did injury occur? 1713 E. Fairmount Ave.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place in homeManner of injury fall while walking on stairsNature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Sander(Address) 125 N. Avenue

Coroner

M. D.

See instructions on back of certificate.

v s s

M. D. B. 1268
289-19

Flora Kennedy
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28949

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. J. Harry Kennedy (Flora)
(a) Residence: No. *1015 E. Patrick* St. *3* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of *J. Harry Kennedy* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *6/9/88*
7. AGE Years *48* Months *4* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ind* (State or country)

13. NAME *John O. Brady*
14. BIRTHPLACE (city or town) *Ind* (State or country)

15. MAIDEN NAME *Julie Buckley*
16. BIRTHPLACE (city or town) *Ind* (State or country)

17. INFORMANT *Harry J. Kennedy* (Address) *Ind*

18. BURIAL, CREMATION, OR REMOVAL
Pl. *Ind* Date *11/11* 1936

19. UNDERTAKER *Harry E. Conly Co* (Address) *Ind*

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/10* 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation *cl* Date of

What test confirmed diagnosis? *cl* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Ervin B. McPherson* M. D.

(Address) *1031 St Paul St*

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

28950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28950

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Hahn

War Service:

WW and SAW(a) Residence: No. 5811 Gwynn Oak Ave. - Balto. St., Ward. (Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Jeanette Kappeler Hahn
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 7, 18637. AGE Years 73 Months 5 Days 2 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Superintendent.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grief Bros.
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation. 100%12. BIRTHPLACE (city or town) Saxony (State or country) GermanyFATHER 13. NAME Conrad Hahn14. BIRTHPLACE (city or town) Saxony (State or country) GermanyMOTHER 15. MAIDEN NAME Anna Seibel16. BIRTHPLACE (city or town) Saxony (State or country) Germany17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 11, 193619. UNDERTAKER Wm. J. Tackner (Address) North Falls.

20. FILED

OCT 11 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 193622. I HEREBY CERTIFY, That I attended deceased from October 29, 1936 to November 9, 1936I last saw him alive on November 9, 1936. Death is said to have occurred on the date stated above, at 8:27 a.m.

The principal cause of death and related causes of importance were as follows:

Calculi urinary - bladder and urethra.

Date of onset

1 1/2 yrs

Other contributory causes of importance:

Gangrenous cystitis

since

10-31-35Was an operation performed? Yes Date of November 6, 1936For what disease or injury? Hypertrophy of prostate.What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. Iv. a. clura. M. D.(Address) U.S. Marine Hospital - Baltimore, Maryland.

28951

HEALTH DEPARTMENT—CITY OF BALTIMORE

28951

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.

St. 27 Ward 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Craig

If U.S. Veteran

specify WAR

W.W.

(a) Residence: No. 6412 Pinehurst Rd., Baltimore, Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Hoyle Craig

6. DATE OF BIRTH (month, day, year) October 7, 1892

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 44 | 1 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penna.

13. NAME Wesley Craig

14. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penna.

15. MAIDEN NAME Henrietta Renton

16. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penna.17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1936

22. I HEREBY CERTIFY That I attended deceased from November 4, 1936 to November 10, 1936

I last saw him alive on November 10, 1936. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic

Acute cardiac dilatation

Arteriosclerosis, cardiac

Other contributory causes of importance:

Date of onset

Unknown

1 day

Unknown

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T.M. IV a. d. d. n. U.S. Marine Hospital

M. D.

(Address)

28952

Voeglein
HEALTH DEPARTMENT—CITY OF BALTIMORE

28952

59
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Valley Street St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dr. Mary Phasell Voeglein

If U. S. Veteran

specify WAR

(a) Residence: No.

1028 Valley

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles P. Voeglein

6. DATE OF BIRTH (month, day, year)

Aug. 7, 1863

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Medical

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Doctor

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Lynchburg, Va.

FATHER

13. NAME

Jas. B. Phasell

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Lydia Gordon

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

17. INFORMANT

Lydia M. Link

(Address)

1028 Valley Street

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's

Date

Nov. 12, 1936

19. UNDERTAKER

(Address)

Rita Wladefeld

14 Greenmount Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 9, 1936

2. I HEREBY CERTIFY That I attended deceased from

July 10, 1936 to Nov 9, 1936

last seen alive on Nov 8, 1936 Death is said

to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of
importance were as follows:

Chc Myocarditis

Date of onset
Apr 1935

Other contributory causes of importance:

Atherosclerosis

1915

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Flex Exam

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

William H. Knight D.
10 E. Biddle St.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28953

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *St. Joseph's Hospital* St., *8-3* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2410 E. Biddle St.* St., *8-3* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *— — —*

7. AGE *57* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0063* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Francis J. McKeown Sr.*

14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME *Ella V. Busick*

16. BIRTHPLACE (city or town) (State or country) *Baltimore*

17. INFORMANT *Wm. McKeown* (Address) *2410 E. Biddle St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *11/12/36*

19. UNDERTAKER *Philip Henry Jones* (Address) *2016 E. Biddle St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 9, 1936*

22. I HEREBY CERTIFY. That I attended deceased from *Nov 6, 1936* to *Nov 9, 1936*

I last saw him alive on *Nov 9, 1936* Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive - Cardiovascular disease

Date of onset

?

Other contributory causes of importance:

Pulmonary Edema

2 d. pr.

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *A. Austran*

M. D.

(Address) *St. Joseph's Hospital*

OCCUPATION is very important. See instructions on back of certificate.

28954

F 28954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice Marvel

(a) Residence: No. 619 N. Ellwood Ave.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Chas. C. Marvel (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1890

7. AGE Years 46 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Del. (State or country)

13. NAME Alexander Hamilton

14. BIRTHPLACE (city or town) Del. (State or country)

15. MAIDEN NAME Mallie Owen

16. BIRTHPLACE (city or town) Del (State or country)

17. INFORMANT Chas. Marvel (Address) 619 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Del Date 11/12/36

19. UNDERTAKER Philip's Moving and Storage (Address) 2016 E. Calver St.

20. FILED 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Icterus

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 9, 1936

For what disease or injury? Drain Gall Bladder

Name of operation Cholecystatomy Nov. 9, 1

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

F. H. C. Keller
2757 W. Vm.

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28955

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 1-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jacob Pospieszny

H U.S. Veteran

specify WAR

(a) Residence: No. 2405 Fleet

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Joanna A. (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-25-81

7. AGE Years 55 Months 3 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place ST. STANISLAUS Date Nov. 14th, 1936

19. UNDERTAKER George A. Weber (Address) 705 - 2 Ann St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936, to Nov 10, 1936

I last saw him alive on Nov 10, 1936. Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left lung

Date of onset

Nov 1, 1936

Other contributory causes of importance:

Emphysema

Nov 4, 1936

Was an operation performed? yes Date of 10/29/36

For what disease or injury? Carcinoma of left lung

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

M. R. Woodhouse

M. D.

(Address)

JH Hospital City

State CAUSE OF DEATH in plain terms so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

Amthor ✓ F 28956

28956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 46-B

1. PLACE OF DEATH *University Hosp.*

CITY OF BALTIMORE: (No. *Univ. Hosp.* St. *4-2* Ward)

Length of residence in city or town where death occurred yrs. *4* mos. *4* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Otto Amthor*

If U.S. Veteran
specify WAR

(a) Residence: No. *Glenn Odenton, Md.* St. *4-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
HUSBAND of *Dora*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan. 31, 1879*

7. AGE Years *57* Months *9* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Oct. 1936*

11. Total time (years) spent in this occupation *35 yrs*

12. BIRTHPLACE (city or town) *Frankford on Maine*
(State or country) *Huxingen - Germany*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Huxingen*
(State or country) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Huxingen*
(State or country) *Germany*

17. INFORMANT *John A. Amthor*
(Address) *Odenton, Md.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Epiphany Church yard* Date *Nov. 12, 1936*
Odenton, Md.

19. UNDERTAKER *Thomas W. Singleton*
(Address) *Glenn Burnie, Md.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-10-36*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 17*, 19*36*, to *Nov 10*, 19*36*

I last saw him alive on *Nov. 10*, 19*36* Death is said to have occurred on the date stated above, at *2 A* m.

The principal cause of death and related causes of importance were as follows:

*Cerebellar tumor - metastatic
Cancer stomach
Generalized Metastases*

Date of onset *3/12/36*

Other contributory causes of importance:

Was an operation performed? *yes* Date of *11/9/36*

For what disease or injury? *Brain tumor*

What test confirmed diagnosis? *operation* as there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *John M. Wayne* M. D.

(Address) *Univ. Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

CV 11 1936

M. D. 1268-9
F 28958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 28958

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? yrs. 11 mos. 11 ds.

2. FULL NAME

Frank Arnold Ottey

(a) Residence: No. 2240 Sidney St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1935

7. AGE Years 10 Months 12 Days 10 If LESS than 1 day, hrs. 10 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No
10. Date deceased last worked at this occupation (month and year) No
11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Walter A. Ottey

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Violet R. Orlowski

16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT W. A. Ottey (Address) 2240 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A.B. Date 11-12-36

19. UNDERTAKER Bernard C. Harle (Address) 121 E. Main St.

20. FILED 1936 Registrar 11-12-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

F. H. Orlowski

M. D.

Coroner

(Address) 2757 W. Main

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28959

HEALTH DEPARTMENT—CITY OF BALTIMORE

28959

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N. Patterson Park Ave. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Waldman

If U.S. Veteran
specify WAR

(a) Residence: No. 1830 N. Durham St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Randolph Waldman (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30th, 1881

7. AGE 55 Years 2 Months 9 Days If LESS than 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Lewis P Stien

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Barbara (Unknown)

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Anna Houck (Address) 1830 N. Durham Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cam. Nov. 13, 1936

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735 Barford Avenue

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1936 to Nov 9, 1936

I last saw him alive on Nov 9, 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Chr. Myo carditis

Tuberculous Stricture of Rectum

Date of onset 1934

Other contributory causes of importance:

Had a left inguinal Colostomy for 13 years not Recenat

Was an operation performed?

For what disease or injury?

Rectal Stricture 13 yrs. before death

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Was there an autopsy? Yes

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

m No. R. Grady, M. D. (Address) 102 Biddle St.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

F 28960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28960

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd Hospital St.* Ward) *157-C*Registered No. *157-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Harmon

If U. S. Veteran

specify WAR

(a) Residence: No. *2203 Druid Hill Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov. 10, 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *6 hrs. 40 min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Charles Matthew Harmon*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Eunice Unreeda Buxton*16. BIRTHPLACE (city or town) *Warner* (State or country) *Virginia*17. INFORMANT *Eunice Unreeda Harmon* (Address) *2203 Druid Hill Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Calvary Cem. 11-11-36*19. UNDERTAKER *George B. Kelton* (Address) *1303 Chestnut St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 11, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 10, 1936* to *Nov 11, 1936*I last saw him alive on *Nov 11, 1936* Death is said to have occurred on the date stated above, at *5:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Asphyxia Cordis
Prematurity

Date of onset

*11/10/36**11/11/36*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Charles A. Kelton*, M. D.(Address) *822 N. Bond St.*

OCCUPATION is very important. See instructions on back of certificate.

F 28961

✓ F 28961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Barclay St. 12-4 Ward)Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 50 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2334 Barclay St., 12-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Sarah C. Shortt (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 17, 18 597. AGE Years 76 Months 10 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Master9. Industry or business in which work was done, as mill, saw mill, bank, etc. Pequa R. R. Co.10. Date deceased last worked at this occupation (month, day, year) 1929 11. Total time (years) spent in this occupation 47 yrs12. BIRTHPLACE (city or town) Devonshire (State or country) England13. NAME James W. Shortt14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Mary Englefield16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Taul Shortt (Address) 2334 Barclay St.18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Nov. 11, 193619. UNDERTAKER Easton Sons (Address) Allicoth City20. FILED 11-1836 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 193622. I HEREBY CERTIFY, That I attended deceased from October 29, 1936 to November 8, 1936.I last saw him alive on November 6, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilation Date of onset Nov. 7, 1936

Other contributory causes of importance:

Myocarditis 1934Arteriosclerosis UnknownWas an operation performed? No Date of: -----For what disease or injury? -----Name of operation Clinical Examination Date of: -----What test confirmed diagnosis? ----- Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ----- Date of injury 19Where did injury occur? ----- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -----Nature of injury -----21. Was disease or injury in any way related to occupation of deceased? No If so, specify -----(Signed) Joseph J. [Signature] D. (Address) 401 East 25th Street

F 28962

F 28962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2006 Ramsay* St. *70-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *74* yrs. *1* mo. *1* ds. How long in U. S. If of foreign birth? *74* yrs. *1* mo. *1* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced, give name of husband or wife of *Theresa Fresse*

6. DATE OF BIRTH (month, day, year) *Feb. 16 - 1854*

7. AGE Years *82* Months *78* Days *23* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retail Laborer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B. & O. R.R.*
 10. Date deceased last worked at this occupation (month and year) *Nov. 13, 1936*
 11. Total time (years) spent in this occupation *60 7/8*

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Joseph Fresse*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Annetta Klesping*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. Theresa Fresse* (Address) *2006 Ramsay St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Our Cathedral* Date *Nov. 13, 1936*19. UNDERTAKER *George L. Schmidt* (Address) *3421 Frederick Ave.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 9, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 31, 1936* to *Nov. 9, 1936*I last saw him alive on *Nov. 9, 1936*. Death is said to have occurred on the date stated above, at *8:55 P.M.*

The principal cause of death and related causes of importance were as follows:

*Sen. aged Arterio Sclerosis
Foramina from infected
hand and arm (left.)*

Date of onset

*10-31-36**over*

Other contributory causes of importance:

None.

Name of operation

Date of

What last confirmed diagnosis? *Tub.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Wm. B. Schreiber* M. D.(Address) *54 S. Eulton Ave.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 11 1936

F 28963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Gorsuch Ave. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. Long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1722 Gorsuch Ave. 9-7 Ward.

(Usual place of abode)

If U.S. Veteran specify WAR No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, ~~Divorced~~ Married (write the word)6a. If married, name of HUSBAND of Sarah Wilson6. DATE OF BIRTH (month, day, year) Oct 21st 18747. AGE Years 62 Months 0 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Dairy
10. Date deceased last worked at this occupation (month and year) 1935 Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto Co (State or country) md13. NAME Thomas Wilson
14. BIRTHPLACE (city or town) Balto Co (State or country) md15. MAIDEN NAME Susanna Tyson16. BIRTHPLACE (city or town) Balto Co (State or country) md17. INFORMANT Sarah Wilson (Address) 1722 Gorsuch Ave18. BURIAL, CREMATION, OR REMOVAL Placed Nov 13th 1936 Place Reston Rd19. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 1936 Registrar 1046

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th, 193622. I HEREBY CERTIFY, That I attended decedent from 11-9- 1936 to 11-10- 1936I last saw him alive on 11-9- 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Long Date of onset

Other contributory causes of importance:

Ac. Cholecystitis 10 daysWas an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

No If so, specify(Signed) Geo B. Sykes M. D.(Address) 2802 Starford Ave

28964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28964

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Christopher Ave)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

Ellen Amelia Halland

If U.S. Veteran specify WAR No Record

(a) Residence: No.

2820 Christopher Ave

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced, name of (or) WIFE of Frederick Halland

6. DATE OF BIRTH (month, day, year)

Feb 12/1883

7. AGE Years 53 Months 8 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Henry Phillips

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frederick Halland

18. BURIAL, CREMATION, OR REMOVAL

Place Falmouth Date 11/14 1936

19. UNDERTAKER William Cook

20. FILED

MEDICAL CERTIFICATE OF DEATH 5AM

21. DATE OF DEATH (month, day, year) Nov 11 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 15 1936 to Nov 11 1936

last saw her alive on Nov 10 1936. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

11/10/36

Arterio-sclerosis & hypertension

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Clemell Howell M. D.

(Address) Town, Md

28965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28965

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Seneca St. 13-8 Ward)Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3412 Seneca St. 13-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of George T. Elliott (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 20 18627. AGE Years 74 Months 2 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) at home 11. Total time (years) spent in this occupation at home12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Albert J. Brooks 14. BIRTHPLACE (city or town) Baltimore Md (State or country)15. MAIDEN NAME Julie Drenth 16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT George T. Elliott (Address) 3412 Seneca St18. BURIAL, CREMATION, OR REMOVAL Place Union City Date 11/14/3619. UNDERTAKER Wm. J. Galt (Address) 1217 St. Paul St20. FILE NO. 107-12-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Nov 11, 1936I last saw her alive on Nov 10, 1936 Death is said to have occurred on the date stated above, at 11:41 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset Oct 12

Other contributory causes of importance:

arteriosclerosis 1934Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Galt M. D.(Address) 2838 Harper St

28966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28966

CERTIFICATE OF DEATH

1831

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Charlotte CrossIf U. S. Veteran
specify WAR(a) Residence: No. 904 N. Gilmore St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of George Cross
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5-18-18897. AGE Years 47 Months 5 Days 20 If LESS than 1 day, hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME John ?14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Annie Washington16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Cemetery Date Nov. 12, 193619. UNDERTAKER Walter J. Langley
(Address) 100 W. Hamilton St.20. FILED Hamilton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 193622. I HEREBY CERTIFY, That I attended deceased from 11-5 1936 to 11-9 1936I last saw him alive on 11-9 1936 Death is said to have occurred on the date stated above, at 2:10 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal disease of onset

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury? What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public placeManner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify John J. Rainey
(Signed) John J. Rainey M. D.
(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OV 12 1936

28967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28967

CERTIFICATE OF DEATH

18503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U.S. Veteran
specify WAR

2. FULL NAME

Bennie Gates

(a) Residence: No.

922 S. Sharp Street

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-27-19157. AGE Years 31 Months 9 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Jack Gates14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Victoria, Va. Date Nov. 13, 194519. UNDERTAKER James A. Hayes
(Address) 142 W. 1st St.20. FILED Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 193622. I HEREBY CERTIFY, That I attended deceased from 11-6, 1936 to 11-10, 1936.I last saw him alive on 11-10, 1936 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous MeningitisDate of onset
10 days

Other contributory causes of importance:

Pulmonary TuberculosisunkWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John F. Rainey(Address) Baltimore City Hospital

F 28968

28968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2639 Boone St.* Ward *9-4*)Length of residence in city or town where death occurred *63* yrs. *107-a* mos. *107-a* ds. How long in U. S. If of foreign birth? *107-a* yrs. *107-a* mos. *107-a* ds.

2. FULL NAME

(a) Residence: No. *2639 Boone St.* St. *9-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color *W* Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 6 1846*7. AGE *90* Years *9* Months *3* Days *1* of LESS than 1 day, *1* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Newmoreland Va*13. NAME *James Boock*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Celestia Dennis*
(Address) *2639 Boone St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Auburn Cem* Date *Nov 12 34*19. UNDERTAKER *Rayner Sanders*
(Address) *1413 E. Green St.*20. FILED *12 1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-9-36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 2* 19*36* to *Nov 9* 19*36*
I last saw him alive on *Nov 8* 19*36* Death is said to have occurred on the date stated above, at *109* m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset *Nov 1 36*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Jas. J. Sullivan* M. D.(Address) *434 E 23rd St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28969

F 28969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Ething St. 14-3 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. 2123 Ething St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18-19167. AGE Years 20 Months 5 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Robt Blackwell14. BIRTHPLACE (city or town) (State or country) 2015. MAIDEN NAME Lula Blackwell16. BIRTHPLACE (city or town) (State or country) 2017. INFORMANT Lula Simmons (Address) 2123 Ething St18. BURIAL, CREMATION, OR REMOVAL Place Northumberland Date 11/13/3619. UNDERTAKER Thomas E. Nelson (Address) 1303 Presetman St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended death from

I last saw him alive on Nov 9 1936 Death is saidto have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Nov 8

Other contributory causes of importance:

Hepatitis & Gastritis Oct 2

Was an operation performed? Date of

For what disease or injury?

Name of operation Regular Date of NovWhat test confirmed diagnosis? Was there an autopsy NOT

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Link M. D.(Address) 1303 Presetman St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1936

28970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 East Lanvale St., 12-5 Ward)

Length of residence in city or town where death occurred 63 yrs 7 mos 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph D. Coll

(a) Residence: No. 104 E. Lanvale

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No. 930

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ***** | | |
| 6. DATE OF BIRTH (month, day, year) March 23, 1873 | | |
| 7. AGE 63 | Years 7 | Months 18 |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Computing Engineer | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation 63 | | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME John Coll

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Ann C. Walsh

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Miss Ellen Coll
(Address) 104 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/13/36

19. UNDERTAKER H. W. Means & Son
(Address) 805 N. Calvert St.

20. FILED 12 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Myocarditis - Chronic

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. B. Wallace M.D.
1031 St Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28971

HEALTH DEPARTMENT—CITY OF BALTIMORE 28971

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1555 1/2 Gilman* St. *15-1* Ward)Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1555 1/2 Gilman* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mary V. Keys*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 11, 1869*7. AGE Years *67* Months *1* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Day laborer*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Carroll County, Md.*13. NAME *John Keys*14. BIRTHPLACE (city or town) (State or country) *Carroll County, Md.*15. MAIDEN NAME *Jane Fisher*16. BIRTHPLACE (city or town) (State or country) *Carroll County, Md.*17. INFORMANT *Mary V. Keys*
(Address) *1555 1/2 N. Gilman St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Keys Chapel* *Carroll Co Md* Date *11/13* 19*36*19. UNDERTAKER *T. E. Kelson*
(Address) *1303 Presstman St*20. FILED *1936* 19*36* Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 9, 1936*22. I HEREBY CERTIFY. That I attended deceased from *November 7, 1936* to *November 8, 1936*
I last saw him alive on *November 8, 1936*. Death is said to have occurred on the date stated above, at *11 A.* m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset *Sept. 1936*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis *Exam.* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *John S. Quinn* M. D.(Address) *1507 N. Fulton St.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28972

HEALTH DEPARTMENT—CITY OF BALTIMORE 28972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1477 Bure St. 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? 4 yrs. 1 mos. 15 ds.2. FULL NAME William PorterIf U. S. Veteran
specify WAR _____(a) Residence: No. 1477 Bure St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race P. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Marie Porter
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 1863-7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 63 -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colonel9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100-40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD13. NAME William Porter14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Auburn16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT Lucie Porter(Address) 1477 Bure St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. AuburnDate 11/12/36 1919. UNDERTAKER Thomas E. Nelson(Address) 1303 Pres atman St.

20. FILED _____

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/36, 1922. I HEREBY CERTIFY. That deceased died from10/16/36 to 11/8/36, 19I last saw him alive on 11/7/36, 19Death is said to have occurred on the date stated above, 11/8/36

The principal cause of death and related causes of

importance were as follows:

Pneumonia Heart Onset

Other contributory causes of importance:

Hypertension StrokeHemiparesisWas an operation performed? No Date of _____

For what disease or injury?

Name of operation Pinched Date of 11/8/36What test confirmed diagnosis? Pinched Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify Heart(Signed) St. Enoch M.D.(Address) 1303

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28973

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1708 E. Pratt* St. *7-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Wilhelmina Dorries - Semmler*Registered No. *59*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR(a) Residence: No. *1708 E. Pratt*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Louis C. Semmler*6. DATE OF BIRTH (month, day, year) *April 15-1879*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*62**6**29*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Henrich Wilhelm

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Katherine Semmler

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Elizabeth Becker

(Address)

2906 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

*St. Matthews Church*Date *Nov 12 1936*

19. UNDERTAKER

(Address)

L. Miller & Son
2334 Jefferson St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 10 - 1936*

22. I, HEREBY CERTIFY, That I attended deceased from

*Oct 13**1936*

to

*Nov. 10 - 1936*I last saw her alive on *Nov. 9 - 1936* Death is saidto have occurred on the date stated above, at *1* a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage *4 days*

Other contributory causes of importance:

Diabetes Mel. *1 yr.*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed *Phys. exam* was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Chas. J. Neer* M. D.(Address) *408 S. Paterson Ave*

28974

F 28974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frederick A. Harrison (11561)(a) Residence: No. 240 S. Caton Avenue St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced
HUSBAND of Hattie (Sep.)
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 2, 19037. AGE 33 Years 1 Months 2 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.13. NAME William (D)14. BIRTHPLACE (city or town) (State or country) Ma.15. MAIDEN NAME Eliza Fuller16. BIRTHPLACE (city or town) (State or country) Ma.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Nov. 15th, 193619. UNDERTAKER Charles W. Drill
(Address) Frederick Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 193622. I HEREBY CERTIFY, That I attended deceased from July 13, 1936 to November 11, 1936I last saw him alive on November 11, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of LungsDate of onset
June
1936

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?

What test confirmed diagnosis Clinical and there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed) Sam H. Feldman M. D.(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1936

F 28975

F 28975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Sponson st St. 25-2 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Heinermann

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 1930 Sponson st St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
| 5a. If married, widowed, or divorced HUSBAND of Joseph (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Sept 28 1872 | | |
| 7. AGE 64 | Years 1 | Months 11 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Dont Know

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Joseph J Heinermann
(Address) 1930 Sponson st

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 14 1936

19. UNDERTAKER Edward Toulson
(Address) 2359 Washington Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1936 to Nov 9 1936

I last saw her alive on Nov 7 1936 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

?

Other contributory causes of importance:

Cerebral Embolism

11/9/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

C. P. Roeling
2623 Washington Blvd

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1936

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *646 Greenwillow St.* Ward *7-1*)Length of residence in city or town where death occurred *Life* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *646 Greenwillow St.* Ward *7-1*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *23*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jacob Charter*6. DATE OF BIRTH (month, day, year) *Jan 16 1898*7. AGE *38* Years *4* Months *22* Days *22* LESS than 1 day. *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *007*
10. Date deceased last worked at this occupation (month and year) *007*
11. Total time (years) spent in this occupation *007*12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *William H. Hammond*14. BIRTHPLACE (city or town) *Sumner Md.* (State or country)15. MAIDEN NAME *Hannah Watkins*16. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)17. INFORMANT *Hannah Watkins* (Address) *646 Greenwillow St*18. BURIAL, CREMATION, OR REMOVAL Place *mt. Zion* Date *Nov 12, 1936*19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 S. Schreiner St.*20. M. D. *12 1936* 19 *12 1936* Registrar. *12 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 8*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: *4361 P. 211**Tuberculosis*

Other contributory causes of importance:

Was an operation performed? *007* Date of *007*

For what disease or injury?

Name of operation *007* Date of *007*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *007*, 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) *W. H. Hammond* M. D.(Address) *1215 Hammond* Coroner

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28977

28977 T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Gilman St. 19-1 WARD)

2-FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-1936

17 I HEREBY CERTIFY, That I attended deceased from 10/31, 1936, to 11-10-1936, that I last saw her alive on 11-10-1936, and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH was as follows:

Acute Bacterial Endocarditis
+ Terminal Bronchitis - pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

11/13/1936 (Address)

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt. Auburn

Nov 12, 1936

20 UNDERTAKER

Mrs. Kate R Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced. (write the word)

Female Cal

married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of

Alfred Smith

7 DATE OF BIRTH (month, day, and year)

July 26, 1908

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

18

3

14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

Andrew Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Stella Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Maryland

14

Informant (Address)

Stella Murray
413 N. Gilman St.

15

Filed

19

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 12 1936

F 28978

F 28978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177780

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 11-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Willie Gilliam

(a) Residence: No. 343 Dolphin St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years Months Days 60 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Edward Gilliam

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 1936

22. I HEREBY CERTIFY. That I attended deceased from 10-8, 1936, to 11-10, 1936

I last saw her alive on 11-10, 1936 Death is said to have occurred on the date stated above, at 9:15 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset 1 mo

Other contributory causes of importance:

Cerebral Arteriosclerosis

unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

John F. T. Rainey M. D. Baltimore City Hospital

OV 12 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 28979

F 28979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-2*)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *303 N Fremont Ave*

(Usual place of abode)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Louisa Rose.

6. DATE OF BIRTH (month, day, year)

February 18, 1864

7. AGE

72

Years

Months

Days

8

26

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year)

October 28, 1936

11. Total time (years) spent in this occupation

45 Yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Lewis Rose.

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Lewis Rose.
51 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine

Date

NOV 14 1936

19. UNDERTAKER

(Address)

2700 Edmondson Ave.

OCT 12 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22.

I HEREBY CERTIFY, That I attended deceased from 10-15-36, 19, to 11-11-36, 19.

I last saw him alive on 11-11-36, 19. Death is said to have occurred on the date stated above, at 2:28 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Bronchitis - Pneumonia

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. Stephens
Md Gen Hosp

M. D.

28980

F 28980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Collington Ave. - 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred: 20 yrs. - mos. - ds. How long in U.S. If of foreign birth: yrs. - mos. - ds.

U.S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1801 N. Collington Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 6a. If married, widowed, or divorced, HUSBAND of (last name) or WIFE of (last name) Annie Lee Cook | | |
| 6. DATE OF BIRTH (month, day, year) Aug. 22 1885 | | |
| 7. AGE 51 | Years 2 | Months 19 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Federal Naval Officer | | 11. Total time (years) spent in this occupation 20 |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) (State or country)
Packer's Ferry, Md.13. NAME
William S. Cook14. BIRTHPLACE (city or town) (State or country)
Packer's Ferry, Md.15. MAIDEN NAME
Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
Mrs. Annie Lee Cook
(Address) 1801 N. Collington Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Nov. 14, 193619. UNDERTAKER
Henry Hoick (Reno, Ill.)
(Address) 1801 N. Collington Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 10, 1936 to Nov. 11, 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Embolus

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Address) 1801 N. Collington Ave.

Registrar.

OV 12 1936

28981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28981

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Union Ave. St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Thomas P. Tracey

(a) Residence: No. 1236 Union Ave. St., 13-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Effie M. Tracey (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1892

7. AGE Years 44 Months 4 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005 10. Date deceased last worked at this occupation (month and year) md. 11. Total time (years) spent in this occupation 005

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John Tracey

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Sophia Berger

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Effie M. Tracey (Address) 1236 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL Wm. Henry Campbell Date Nov 18 1936

19. UNDERTAKER Chenoweth (Address) 3615-12

20. Frank H. Hushin (Address) 4037 Falls Road

21. Frank H. Hushin (Address) 4037 Falls Road

22. Frank H. Hushin (Address) 4037 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1936, to Nov. 11, 1936

I last saw him alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 3:35 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Pulmonary Edema

Other contributory causes of importance:

Polar Pneumonia

Was an operation performed? no Date of 1936

For what disease or injury? Oct. 30

What test confirmed diagnosis? Physioid Spis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Frank H. Hushin (Address) 4037 Falls Road

Registrar. (Address) 4037 Falls Road

NOV 12 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 28982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28982

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daisy Clardige(a) Residence: No. *2915 Overland Ave* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Arthur P. Clardige</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>12-6-1870</i> | | |
| 7. AGE <i>65</i> | Years <i>11</i> | Months <i>3</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <i>Beth Md.</i> | | |
| 13. NAME <i>Mr. Bright</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>Unknown</i> | | |
| 15. MAIDEN NAME | | |
| 16. BIRTHPLACE (city or town) (State or country) | | |
| 17. INFORMANT <i>Arthur P. Clardige</i> (Address) <i>2915 Overland Ave</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Linden Park</i> Date <i>11-12-1936</i> | | |
| 19. UNDERTAKER <i>Thomas J. Clark</i> (Address) <i>5305 Highland Ave</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 9, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 10, 1936* to *Nov 9, 1936*I last saw her alive on *Nov 9, 1936* Death is said to have occurred on the date stated above, at *3:50 p.m.*

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma Sigmoid Colon?

Date of onset

Other contributory causes of importance:

*Intestinal Op. & Infection 4 days*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specifySigned *A. Austran* M. D.(Address) *St. Joseph's Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 12 1936

19 *Thompson* Registrar.

F 28983

F 28983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Edison Highway Ward)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth? ... yrs... mos... ds.

2. FULL NAME

(a) Residence: No. 2210 Edison Highway Ward.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2m 4. Color or Race W 5. Single, Married, Widowed, Divorced (write the word) Legally separated

5a. If married, widowed, or divorced

HUSBAND of Amelia M. Lungenau
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-6-1885

7. AGE Years 51 Months 8 Days 6 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME William Lungenau

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Gertrude Leffler

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Augusta Kossman
(Address) 2210 Edison Highway

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 11/16/36

19. UNDERTAKER Leonard Meyer
(Address) 3205 11th St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/36

22. I HEREBY CERTIFY. That I attended deceased from Oct 4 1936, to Nov 12 1936

last saw him alive on Nov 11 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Vascular Renal Disease

Date of onset

?

Other contributory causes of importance:

Cerebral Hemorrhage

Sept 1936

Was an operation performed? no Date of

For what disease or injury? ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Pokorny

(Address) 2200 E. Madison St

M. D.

Registrar

OV 12 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 W. Harrison Ave. Ward 7)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 40 yrs. 0 mos. 0 ds.2. FULL NAME Sarah Weinstein Serkin(a) Residence: No. 2841 W. Harrison Ave. Ward 7

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 1175 BR 347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE Year 80 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Moses14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Talpie16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT M. Schur
(Address) 2841 W. Harrison18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11-12-3619. UNDERTAKER Jack Lewis Inc.
(Address) 1438 E. Baltimore St.
Huntington Park, Md.20. FILED NOV 12 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-36 1922. I HEREBY CERTIFY. That I attended deceased from Oct 10 1936 to Nov. 11 1936I last saw him alive on Nov. 11 1936 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

gangrene of leg.

Date of onset

Other contributory causes of importance:

SenilityWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Friedman M. D.(Address) 1117 S. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 28985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28985

17943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-1 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Viola Church

(a) Residence: No. 217 100 St., 18-1 Ward.

Registered No. 449-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Y</u> | 4. Color or Race <u>Black</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jacob Church</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>7-4-1900</u> | | |
| 7. AGE <u>38</u> | Years <u>0</u> | Months <u>0</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|--|
| 12. BIRTHPLACE (city or town) (State or country) <u>N. J.</u> |
| 13. NAME <u>John Preston</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>?</u> |
| 15. MAIDEN NAME <u>Ellen</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>?</u> |

17. INFORMANT B. C. H. Edwards
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/12 1936

19. UNDERTAKER Isaiah L. Brown
(Address) 108 W. North Street

20. FILED NOV 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1936 to 11-8 1936

I last saw him alive on 11-8 1936 Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

Cystadenocarcinoma of right ovary Date of onset 1 yr.

Other contributory causes of importance: Secondary anemia 6 mos

Was an operation performed? yes Date of 10-19-36

For what disease or injury? Cyst of right ovary

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hoyer M. D.

(Address) Balt. City Hosp

Registrar W. H. Hoyer

F 28986

F 28986

HEALTH DEPARTMENT—CITY OF BALTIMORE

14552

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-4 life Hospitals St. 6-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Joseph Osterman

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 120 N. Castle St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

8/13/1881

7. AGE

Years

Months

Days

If LESS than
1 day..... hrs.
or..... min.85220

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.unknown9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER FATHER

13. NAME

?14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

?16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place

Holy Redeemer Nov 13, 1936

19. UNDERTAKER

(Address)

Lilly & Ziegler Inc. 403 S. J. St.

20. FIELD

19

Washington Heights

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11-6 193622. I HEREBY CERTIFY. That I attended deceased from
6-6 1936 to 11-6 1936I last saw him alive on 11-6 1936 Death is said
to have occurred on the date stated above, at 5-10 A.m.The principal cause of death and related causes of
importance were as follows:Lobar PneumoniaDate of onset
Nov.

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

M.D.

(Address)

Information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1936

F 28988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28988

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6337 Parnell ST. 46-6 WARD)

2—FULL NAME

Baby Defina - Gloria

(a) RESIDENCE NO.

6337 Parnell ST. 46 WARD

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1936

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore
MD

10 NAME OF FATHER

John De Fina

11 BIRTHPLACE OF FATHER (city or town)

New York
N. Y.

12 MAIDEN NAME OF MOTHER

Mary Modica

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Allentown
Pa

14

Informant (Address)

John De Fina
6337 Parnell

15

Date

19

Registrar

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov. 11, 1936

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936 to Nov. 11, 1936that I last saw him alive on Nov. 10, 1936and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Pre-eclampsia (6 mos.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Thompson M. D.19 (Address) 2039 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

St. MatthiasNov. 12, 1936

20 UNDERTAKER

ADDRESS

Frank Della Rose52 N. Mosley

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OV 12 1936

28989

F. D. B. 1968-9

F 28989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. _____ St. 20-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. 28 mos. ____ ds.

2. FULL NAME Jennie Cosentino

If U. S. Veteran

Specify WAR _____

(a) Residence: No. 1930 McHenry St.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Withe 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Giuseppe Cosentino
(or) WIFE of
Oct. 27 1878

6. DATE OF BIRTH (month, day, year)

7. AGE 58 Years Months Days 14 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at own home
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Catania (State or country) Italy

13. NAME Salvatore Cosentino Scinto
Catania

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Anna Barbagallo

16. BIRTHPLACE (city or town) Catania (State or country) Italy

17. INFORMANT Giuseppe Cosentino (Address) 1930 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Nov. 13 1936

19. UNDERTAKER Frank Della Rose (Address) 524 N. North St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring (Inquest, Autopsy or Inquiry)

obtained by said inquiring and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cardiac Dilatation

Other contributory causes of importance:

myocardial failure

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) 1010 S. 22nd Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28990

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hopt. 14-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. How long in U. S. If of foreign birth? *13* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *620 Anneslie Rd.* St. *13* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *ALLSAND* (or) WIFE OF *Arthur P. Jester*6. DATE OF BIRTH (month, day, year) *Mar 12, 1895*7. AGE Years *38* Months *7* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *See E. Mason*14. BIRTHPLACE (city or town) (State or country) *Balto*15. NAME *Mary Ann O. Wooden*16. BIRTHPLACE (city or town) (State or country) *Ind*17. INFORMANT *Arthur P. Jester* (Address) *620 Anneslie Rd.*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Nov 14, 1936*19. UNDERTAKER *John Ulenot* (Address) *2008 Orleans St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-11*, 193622. I HEREBY CERTIFY, That I attended deceased from *Oct. 29*, 1936, to *Nov. 11*, 1936.I last saw him alive on *11-11*, 1936. Death is said to have occurred on the date stated above, at *7:47 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute purulent and gangrenous appendicitis with total peritonitis

Other contributory causes of importance:

*General peritonitis, Fabry's reaction - cellulitis*Name of operation *Appendectomy* Date of *Nov 11*What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *William Horvath* M. D. (Address) *Franklin Sq. Hospital*

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28991

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Boone St., 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2101 Boone St., 9-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil R. Lehnert

6. DATE OF BIRTH (month, day, year) May 16, 1877

7. AGE Years 59 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balds. Md.

13. NAME John F. Raabe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Becker

16. BIRTHPLACE (city or town) (State or country) Balds. Md.

17. INFORMANT Emil R. Lehnert
(Address) 2101 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Nov. 13, 1936

19. UNDERTAKER Mr. Mrs. John W. Seufel & Son
(Address) 801 W. Fayette St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to Nov. 10, 1936

I last saw her alive on Nov. 10, 1936 Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset 11/10/36

Other contributory causes of importance:

Hypertension

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St. Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1936

28992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 28992

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Burgundy St. 27-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 507 Burgundy St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Williams

6. DATE OF BIRTH (month, day, year) February 2, 1895

7. AGE Years 41 Months 9 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co Maryland (State or country)

13. NAME Harry Williams

14. BIRTHPLACE (city or town) Anne Arundel Co Maryland (State or country)

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) Anne Arundel Co Maryland (State or country)

17. INFORMANT Daisy Williams (Address) 507 Burgundy Street

18. BURIAL, CREMATION, OR REMOVAL Place Home Run Md Date Nov. 15, 1936

19. UNDERTAKER Joseph A. Sively (Address) 109 N. Mount Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to Nov 11, 1936.

I last saw him alive on Nov 11, 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
cardiac asthma

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Sively M. D.
(Address) 729 W. 1st St.

F 28993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Northway Apartments - 2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William R. Fennell(a) Residence: No. 605 Northway Apartments St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced Charles C. Fennell
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 5, 18837. AGE Years 53 Months 8 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wiles, O.13. NAME Jeremiah E. Reeves14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Jane Rees16. BIRTHPLACE (city or town) (State or country) Wales17. INFORMANT Mr. Fennell
(Address) Virginia18. BURIAL, CREMATION, OR REMOVAL
Place Loosey Circle Date Nov 13, 193619. UNDERTAKER Henry Weinberg
(Address) 1010 N. E. St.20. REGISTRAR W. R. Fennell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. HEREBY CERTIFY, That I attended deceased from March 1931 to presentI last saw her alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of breast with metastases.

Date of onset

spring
1931

Other contributory causes of importance:

Name of operation wone Date of WTWhat test confirmed diagnosis? biopsy as there an autopsy? WT

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

WT If so, specify(Signed) Norman B. Cole M. D.(Address) 622 Medical Arts Building

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

28994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 28994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *209 Marlinton Ave* Ward *8*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *209 Marlinton Ave* Ward *8*

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Infant*6. DATE OF BIRTH (month, day, year) *11/9/36*

7. AGE Years Months Days If LESS than 1 day 6 hrs. 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years, months, days) spent in this occupation

12. BIRTHPLACE (city or town, State or country) *Baltimore, Md.*13. NAME *James Bailey*14. BIRTHPLACE (city or town, State or country) *Southampton, Va.*15. MAIDEN NAME *Lilly Clark*16. BIRTHPLACE (city or town, State or country) *Hampton, Va.*17. INFORMANT *James Bailey*
(Address) *209 Marlinton Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *bur. of Md.* Date *NOV 11 1936*19. UNDERTAKER
(Address)

Commissioner of Health

Per H. A. Moore

20. FILED *12 1936*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/9/36*

22. I HEREBY CERTIFY, That I attended deceased from

*Nov. 9th 1936 7:30 AM to Nov 10th 1936 3:30 PM*I last saw her alive on *Nov 10th 1936* Death is said to have occurred on the date stated ab *3:30 P. M.*

The principal cause of death and related causes of importance were as follows:

Premature Births *11/24*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. H. Moore* M. D.(Address) *12 Marlinton Ave*

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OV 12 1936

2740 14

28995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28995

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 19* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *218 W. Street* St., Ward.If U.S. Veteran
specify WAR

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 10, 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *1*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Newborn*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *William Pollack*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Mary Jones*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT *Loop Re*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Univ. Med.*Date *NOV 12 1936*19. UNDERTAKER *Commissioner of Health*
(Address)Per *H. A. Moore*

FILED

V 12 1936

2750

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 11, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 10* 1936 to *Nov. 11* 1936.I last saw him alive on *Nov. 11* 1936 Death is said to have occurred on the date stated above, at *10:42* a.m.

The principal cause of death and related causes of importance were as follows:

Toxemia, secondary to Colas pneumonia in mother Intracranial Hemorrhage

Other contributory causes of importance:

Date of onset

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clin* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Hugh B. McCalla, M. D.
University Hospital

F 28996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *11-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby girl Williams

(a) Residence: No.

University Hospital 1201 Prentiss St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov 2 - 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3 2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Isaac Williams

MOTHER

14. BIRTHPLACE (city or town) (State or country)

New York N.Y.

15. MAIDEN NAME

Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country)

Lancaster Va.

17. INFORMANT

(Address)

Elizabeth Williams

18. BURIAL, CREMATION, OR REMOVAL

Place

Nov 12 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

12-1936

Registrar

2751 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/4* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 2* 19*36* to *Nov 4* 19*36*I last saw her alive on *Nov 4* 19*36* Death is said to have occurred on the date stated above, at *8:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Spontaneous Abortion

Date of onset

Other contributory causes of importance:

Premature Separation Placenta (maternal)

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Hugh B. McZally M.D.

(Address)

University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

✓ F 28997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *11* St., *11* Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Alfred Bradford Jr.

If U.S. Veteran specify WAR

(a) Residence: No. *941 Madison Ave.* St., *11* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Newborn*

6. DATE OF BIRTH (month, day, year) *Nov 8 - 1936*

7. AGE Years Months Days If LESS than 1 day *7* hrs. or *6* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Newborn*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Newborn*
10. Date deceased last worked at this occupation (month and year) *Newborn*
11. Total time (years) spent in this occupation *Newborn*

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

13. NAME *Alfred Bradford*

14. BIRTHPLACE (city or town) *South Carolina*
(State or country)

15. MAIDEN NAME *Emma Lloyd*

16. BIRTHPLACE (city or town) *S. Carolina*
(State or country)

17. INFORMANT *Alfred Bradford*
(Address) *941 Madison Ave.*

18. BURIAL, CREMATION, OR REMOVAL *Nov 12-1936*
Place *St. John's* Date *Nov 12-1936*

19. UNDERTAKER *Per H. A. Moore*
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 8*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 8*, 19*36*, to *Nov 8*, 19*36*.

I last saw him alive on *Nov 8*, 19*36*. Death is said to have occurred on the date stated above, at *6:45* p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Congenital atelectasis

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. C. Savage* M. D.

(Address)

Univ. Hosp.

11 2 1936

2749

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Rosedale St. 16-7 Ward)Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaretha Jacob(a) Residence: No. 1605 RosedaleSt. 16-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Late John Geo. Jacob (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 14, 18567. AGE Years 80 Months 1 Days 27 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Martin Skel14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Margaretha Volz16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs Anna Weisinger (Address) 1605 Rosedale St.18. BURIAL, CREMATION, OR REMOVAL Place Burton St. Date Nov. 14, 193619. UNDERTAKER Harry H. Weisger (Address) 4101 Edmondson ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 193622. I HEREBY CERTIFY That I attended deceased from Sept 16, 1936 to Nov 11, 1936I last saw him alive on Nov 11, 1936 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

11/11/36

Other contributory causes of importance:

acute dilatationWas an operation performed? no Date of ✓

For what disease or injury?

Name of operation Phys Exam Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John S. Graham M. D.(Address) 1219 Depta St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 28999

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Wilkens Ave. St., 14 Ward)Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME William Henry CerofootRegistered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 1705 Wilkens Ave. St., 14 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Cerofoot (neé Pearson)6. DATE OF BIRTH (month, day, year) Oct. 8, 18637. AGE Years 73 Months 1 Days 23 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007910. Date deceased last worked at this occupation (month and year) Oct. 1, 1934 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Balto. (State or country) md.13. NAME Wm. Cerofoot14. BIRTHPLACE (city or town) Balto. (State or country) md.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Balto. (State or country) md.17. INFORMANT Mrs. Mary E. Cerofoot (Address) 1705 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Ch. day Nov. 13, 193619. UNDERTAKER Larry H. Hitzke (Address) 4410 E. Sanderson Ave.FILED 12-13-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Nov. 11, 1936.I last saw him alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic cardiac
vascular disease

Date of onset

2 yrsago

Other contributory causes of importance:

Cerebral hemorrhage

2 day

agoWas an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Benjamin Miller

M. D.

(Address)

2330 Wilkens Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29000

HEALTH DEPARTMENT—CITY OF BALTIMORE

2895

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. David mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Davis F. Sneeringer

If U. S. Veteran

specify WAR

(a) Residence: No. 1606 Hollins St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 5/7/1879

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 57 | 6 | 4 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania (State or country)

13. NAME Francis Sneeringer

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Frances Lioers

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place City of Baltimore Date 11/13/36

19. UNDERTAKER Harry H. Lutzke (Address) 4101 E. Baltimore Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 11, 1936

22. I HEREBY CERTIFY. That I attended deceased from 6 - 28, 1934 to 11 - 11, 1936

I last saw h.l.m. alive on 11 - 11, 1936 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset 11-4-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey M. D.
Baltimore City Hospital

29001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward)Length of residence in city or town where death occurred: *6* mos. *6* ds. How long in U. S. If of foreign birth? *6* yrs. *6* mos. *6* ds.

2. FULL NAME

(a) Residence: No. *Alchester Md*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Widowed*
(or) WIFE of *Widowed*6. DATE OF BIRTH (month, day, year) *1886*7. AGE Years *about 50* Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bookkeeper*
10. Date deceased last worked at this occupation (month and year) *1886*
11. Total time (years) spent in this occupation *about 50*12. BIRTHPLACE (city or town) *Alchester Md*
(State or country)13. NAME *MB*
14. BIRTHPLACE (city or town) *MB*
(State or country)15. MAIDEN NAME *MB*
16. BIRTHPLACE (city or town) *MB*
(State or country)17. INFORMANT *Hospital Records*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Walter Star Cem* Date *Nov. 14, 1936*19. UNDERTAKER *Easton Bros*
(Address) *Baltimore City*

20. 11-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 11, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *charge* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Chronic suppurative
nephritis*

Other contributory causes of importance:

*Fractured acromioclavicular joint*Was an operation performed? *yes* Date of *Nov 11, 1936*For what disease or injury? *Chronic suppurative nephritis*Name of operation *Wash* Date of *Nov 11, 1936*What test confirmed diagnosis *Wash* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, *Chronic* Date of injury *11-4-36*Where did injury occur? *Alchester Md*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell on pavement*Nature of injury *Fractured acromioclavicular joint*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George J. Allen* M. D.(Address) *501 Reservoir St*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29002

29002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l. Hosp. 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. John Snitzer

If U. S. Veterans specify WAR No Record(a) Residence: No. State Sanatorium, Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Mrs. John Snitzer (or) WIFE of6. DATE OF BIRTH (month, day, year) March 4, 18627. AGE Years 74 Months 8 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Sanatorium
10. Date deceased last worked in this occupation (month and year) 11/2/36 11. Total time (years) spent in this occupation 1612. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Maxel Snitzer
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Kala Mosemeyer
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. H. Kauffman (Address) 3006 Weaver av.18. BURIAL, CREMATION, OR REMOVAL Balto Date Nov 16 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul st20. FILED 11/13/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov. 12, 1936I last saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 11:5A.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Jerome Eddyman M. D.
(Address) Maryland Gen'l Hosp.

F 29003

29003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles PhelpsIf U.S. Veteran 2
specify WAR(a) Residence: No. 1202 W. Fayette St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 11, 18697. AGE Years Months Days If LESS than
67 9 1 1 day, hrs.
or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Draftsman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) District of Columbia
(State or country)FATHER 13. NAME John Thomas Phelps
14. BIRTHPLACE (city or town) MD
(State or country)MOTHER 15. MAIDEN NAME Jennie Kelgley
16. BIRTHPLACE (city or town) District of Columbia
(State or country)17. INFORMANT Self.
(Address)18. BURIAL, CREMATION, OR REMOVAL Wash DC
Congressional Cem Date Nov 14, 193619. UNDERTAKER William Cook
(Address) 1217 QX Paul Street20. FILED NOV 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. I HEREBY CERTIFY, That I attended deceased from
Oct. 7, 1936 to Nov. 12, 1936I last saw him alive on Nov. 12, 1936 Death is said
to have occurred on the date stated above, at 8:10 A.M.The principal cause of death and related causes of
importance were as follows:Pulmonary edema of
cardio-vascular originDate of onset
11-12-36

Other contributory causes of importance:

Uremia3 days
1 yearWas an operation performed? Yes Date of Nov. 7, 1936For what disease or injury? Hypertrophied
prostate gland.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Ellis M. D.(Address) Mercy Hospital

M. D. B. 1268-2
F 29004

F 29004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 N. Charles St. 12-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2410 N. Charles St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 80 Months 10 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 10-5-36

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29005

STATE OF MARYLAND

CERTIFICATE OF DEATH

29005

1. PLACE OF DEATH

Baltimore City

Village or City Baltimore

Length of residence in city or town where death occurred 67 yrs.

No. 93-0 St. 25 Ward 20
(If death occurred in a hospital or institution, give its NAME, street and number)

How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

James J. Carr
(a) Residence: No. Smith & Polar Ave Donchester St.
(Usual place of abode) Heights

Ward.

No War Record

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa V. Carr

6. DATE OF BIRTH (month, day, and year) May 21 - 1869

7. AGE Years 67 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. City of Baltimore
10. Date deceased last worked at this occupation (month and year) Feb 1918 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME James J. Carr

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Catherine Morien

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs Rosa V. Carr (Address) Smith Ave & Polar St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/14 1936

19. UNDERTAKER William Coast (Address) 1217 St Paul St.

20. FILED Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 12 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1934 to Nov 12 1936

I last saw him alive on Nov 12 1936; death is said

to have occurred on the date stated above, at 11:40 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio sclerosis

Other Contributory Causes of importance:

Acute Myocarditis

Name of operation none Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. P. Roelling

M. D.

(Address) 2623 Washington Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B 29006

F 29006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St., 15-6 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced, (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find the said deceased came to death on the day stated

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

8. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1936

F 29007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29007

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3100 Old Annapolis* St. *25-2* Ward)Length of residence in city or town where death occurred *40* yrs. *40* mos. *40* ds. How long in U. S. If of foreign birth? *40* yrs. *40* mos. *40* ds.

2. FULL NAME

(a) Residence: No. *3100 Old Annapolis* St. *40415* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color of face *White* 3. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *about 1863*7. AGE Years *73* Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *4/30*11. Total time (years) spent in this occupation *x*12. BIRTHPLACE (city or town) (State or country) *Belgium*13. NAME *Leuker*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Mary Handschul*(Address) *3100 Old Annapolis Rd*

18. BURIAL OR CREMATION OR REMOVAL

Place *Golden Park* Date *Nov 13 36*19. UNDERTAKER *William Cook*(Address) *1217 St Paul St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/11* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *10/15* 19*36* to *11/11* 19*36*I last saw him alive on *11/11* 19*36* Death is said to have occurred on the date stated above, at *11 30 a* m.

The principal cause of death and related causes of importance were as follows:

Cancer left lung (Primary)

Date of onset

1935

Other contributory causes of importance:

*Generalized Arterio-Sclerotic Cardio Vascular Disease**1933*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* as there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph H. Lauterbach M. D.
Address *679 Washington Blvd*

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

F 29008

F 29008 HEALTH DEPARTMENT—CITY OF BALTIMORE 17397

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 19-2 St. 347 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME William Brown

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 1536 W. Lexington St.

(Usual place of abode)

St. 347 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of Annie (dead)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19037. AGE Years 33 Months 7 Days 9 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Charles Brown14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Harriette Folks16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place N. Auburn Date Nov 14, 193619. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Broadway St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10 193622. I HEREBY CERTIFY, That I attended deceased from 9-24 1936 to 11-10 1936I last saw him alive on 11-10 1936 Death is said to have occurred on the date stated above, at 2:10 A.

The principal cause of death and related causes of importance were as follows:

Heart InsufficiencyDate of onset
Mar. 1936

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John F. Ramsey M. D.
(Address) Baltimore City Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

NOV 13 1936

Spec 29009 250 Bk.

F 29009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Pitman Place ST 12-5 WARD)2. FULL NAME Martha Sophia Spruebank(a) RESIDENCE NO. 424 Pitman Place ST. 12-5 WARD
(Usual place of abode)Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 1 COLOR OR RACE white 3 Single, Married, Widowed, or Divorced, (write the word) married

4a If married, widowed, or divorced

WIFE of Marden H. Spruebank6 DATE OF BIRTH (month, day, and year) May 10/19077 AGE Years 29 Months 6 Days 2 17 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MD.10 NAME OF FATHER Raymond R. Hillman11 BIRTHPLACE OF FATHER (city or town) (State or country) MD.12 MAIDEN NAME OF MOTHER Elvora Bigley13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD.14 Informant Husband Marden H. Spruebank
(Address) 424 Pitman Place

15

NOV 13 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12/3617 I HEREBY CERTIFY, That I attended deceased from 11/10/35, 1935, to 11/12/36, 1936that I last saw her alive on 11/11, 1936 and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:

Rheumatic C-V Disease
Streptococcus Viridans Septicemia
Cardiac Failure(duration) 1 yrs. — mos. — ds.18 CONTRIBUTORY (Secondary) Chronic Nephritis(duration) 8 yrs. — mos. — ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) James J. Schwartz M. D., 1936 (Address) 2249 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
BURYAL

DATE OF BURIAL

St. Mary's Hospital11/14/1936

20 UNDERTAKER

ADDRESS

Walter Davis 3418 Chestnut

F 29010 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10325 Eutan 21-1 Ward)

Length of residence in city town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 10325 Eutan St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Albert Bussey

6. DATE OF BIRTH (month, day, year) April 16/1888

7. Age 57 Years 6 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash DC (State or country)

13. NAME Joseph Jennifer

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Mary Ayers

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Joseph E Jennifer (Address) Washington DC

18. BURIAL, CREMATION, OR REMOVAL

Place Wash DC Date Nov 13 1936

19. UNDERTAKER Marie R Williams (Address) 322 N. Seneca St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 36, to Nov 11 36

I last saw him alive on Nov 11 1936. Death is said to have occurred on the date stated above, at 1045A.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Toxemia

Name of operation Physical Signs

What test confirmed diagnosis? Physical Signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. G. Thompson M. D.

(Address) 501 W. Kaulberg

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

F 29011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29011

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 488 Brunswick St. 70th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 488 Brunswick St. 70th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Reed

6. DATE OF BIRTH (month, day, year)

7. AGE 88 Years 4 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 to Nov 10, 1936

I last saw him alive on Nov 9, 1936. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Old age
Cardiac Transpiration

Date of onset

Nov 1, 1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. C. Smith, M. D.

(Address) 4509 E. Howard Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

F 29012

✓ F 29012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Monroe St. 16-4 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Leslie C. Simpkins

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

Specify WAR

(a) Residence: No. 722 N. Monroe St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Florence Simpkins
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 3, 18767. AGE Years 60 Months 4 Days 89 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Conductor 00789. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wells Fargo & Co.10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Charles Simpkins14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Elizabeth White16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Mr. + Florence Simpkins
(Address) 722 N. Monroe St.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov. 14, 193619. UNDERTAKER + B. Hipper + Son
(Address) 1300 E. Euterpe Pl.20. FILED NOV 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 193622. I HEREBY CERTIFY. That I attended deceased from Nov 5, 1936, to Nov 12, 1936.I last saw him alive on Nov 11, 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Nov 5-36

Other contributory causes of importance:

arterio-sclerosis + chronic interstitial nephritis3-4 yrsWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) M. B. Cunningham M. D.(Address) 2200 Garrison Bldg.

F 29013

✓ F 29013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton St.*, *Ward*)

Registered No. *59-2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Harold R. Chapman*

If U.S. Veteran
specify WAR

(a) Residence: No. *1310 St. Marks St.*, *Ward*.
 (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|----------------------------------|--|---|--|
| 3. SEX <i>male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>single</i> | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, day, year) <i>Sept. 21-1934</i> | | | | |
| 7. AGE <i>2</i> Years | Months <i>-1</i> | Days <i>20</i> | If LESS than 1 day, <i>0</i> hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | |
| 10. Date deceased last worked at this occupation (month and year) | | | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *Harold R. Chapman*

14. BIRTHPLACE (city or town) *England*
 (State or country)

15. MAIDEN NAME *Corretta E. Souther*

16. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

17. INFORMANT *Dr. Harold R. Chapman*
 (Address) *1310 St. Marks St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Bur.* Date *Nov 13-36*

19. UNDERTAKER *St. B. Thayer & Son*
 (Address) *1310 St. Marks St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 11, 1936*

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 8, 1936, to Nov. 11, 1936

I last saw him alive on *Nov. 11, 1936* Death is said
 to have occurred on the date stated above, at *9:29 a.m.*

The principal cause of death and related causes of
 importance were as follows:

Diabetes Mellitus
Encephalitis
Terminal Bronchial Pneumonia

Date of onset
1935

Date of death
Nov 11-36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Louis S. Lewellen* M. D.

(Address) *St. Agnes Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

29014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *114 W. Cross* St. *23-1* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *114 W. Cross* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fr* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 28 1862*7. AGE Years *74* Months *5* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *James City Co. Virginia* (State or country)13. NAME *Moses Thomas*14. BIRTHPLACE (city or town) *Virginia* (State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Virginia* (State or country)17. INFORMANT *Arthur Trent* (Address) *114 W Cross St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Calvary Cem* Date *Nov 13 1936*19. UNDERTAKER *Walter P. Gargus* (Address) *1220 Assembly St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 12 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 28 36* to *Nov 12 36*I last saw him alive on *Nov 10 36* Death is said to have occurred on the date stated above, at *4:15* m.

The principal cause of death and related causes of importance were as follows:

Intestinal Nephritis

Other contributory causes of importance:

Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *D. H. Carroll* M. D. (Address) *109 W. Hill St*

FILED 1936

F 29015

✓ E 29015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) *Mount Hope Retreat* St. *27-12* Ward

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME *Martha J. Cinnamon*

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. *6029 Bellona Ave* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 13-1861*

7. AGE Years *75* Months *1* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)

13. NAME *Edward L Cinnamon*

14. BIRTHPLACE (city or town) *Belfast Ireland* (State or country)

15. MAIDEN NAME *Mary Wilkinson*

16. BIRTHPLACE (city or town) *Athlone Ireland* (State or country)

17. INFORMANT *Mount Hope Retreat Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *Nov 14, 1936*

19. UNDERTAKER *John A. Moran* (Address) *300 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 12, 1936*

22. I HEREBY CERTIFY That I attended deceased from *Jan. 24, 1927* to *Nov. 12, 1936*
I last saw him alive on *Nov. 12, 1936* Death is said to have occurred on the date stated above, at *8:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Senile dementia

1927

Was an operation performed? *no* Date of

For what disease or injury?

Chemical

What test confirmed diagnosis? Was there an autopsy? *h*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

(Signed) *Wilton P. Hill*

M. D.

(Address) *Mount Hope Retreat*

Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Bks.

F 29016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 29016

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 548 Mosher St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 548 Mosher St. 14 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 2 4 Color or Race C 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Keys

6 DATE OF BIRTH (month, day, and year) 12/3, 1869

7 AGE 66 Years 11 Months 8 Days IF LESS than 1 day ____ hrs. or ____ min.. 65 yrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Caroline Co

9 BIRTHPLACE (city or town) va
(State or country)

10 NAME OF FATHER Wilson Lozenby

11 BIRTHPLACE OF FATHER (City or town) va
(State or country)

12 MAIDEN NAME OF MOTHER Lucinda Preston

13 BIRTHPLACE OF MOTHER (city or town) va
(State or country)

14 Informant Louise Penn
(Address) 548 Mosher

15 Filed Nov 13 1936 Registrar Amuel H. Grace

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-1936

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Nov 11, 1936, that I last saw him alive on Nov 11, 1936, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Vascular Disease

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

Exhaustion (duration) ____ yrs. 1 mos. ____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. P. Hughes, M. D.

11/13, 1936 (Address) 825 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

Date of Burial Nov 13 1936

20 UNDERTAKER

Amuel H. Grace ADDRESS 638 N. Gilman

F 29017 HEALTH DEPARTMENT—CITY OF BALTIMORE 29017

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 W. Lafayette Ave. Ward 2)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas E. Pinder

(a) Residence: No. 1641 W. Lafayette Ave. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. ~~Single~~ Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Pinder

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Propp Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Pinder (Address) 1641 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Auburn Date 11/13 1936

19. UNDERTAKER Saml. M. Chase & Son (Address) 638 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1936 to Nov. 10 1936

I last saw him alive on Nov. 10 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows: Chronic Interstitial Nephritis and Myocarditis.

Date of onset

1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. E. Pinder
1536 W. Landale St.

M. D.

Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1936

F 29018

F 29018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2028 Maisel St

Registered No.

CITY OF BALTIMORE: (No.

St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna M. Chester

(a) Residence: No.

2028 Maisel

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced
husband or
(or) WIFE of

Joseph

6. DATE OF BIRTH (month, day, year)

Aug 23, 1904

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

32

2

20

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

None

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

FATHER

13. NAME

Charles F. Souder

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

MOTHER

15. MAIDEN NAME

Margaret Wagner

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

17. INFORMANT

Florence Stefanovich

(Address)

730 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date Nov 14, 1936

19. UNDERTAKER

Vernon Keckner

(Address)

2301 Edmondson Ave

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from
October 25 1936, to November 11, 1936I last saw her alive on November 11, 1936 Death is said
to have occurred on the date stated above, at 9:10 p.m.The principal cause of death and related causes of
importance were as follows:Lobar Pneumonia with
terminal bacteremia

Date of onset

Oct 24, 1936

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Albert D. Glass

M. D.

(Address)

876 Washington Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

29019

HEALTH DEPARTMENT—CITY OF BALTIMORE

29019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-6 Ward) life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Girl Houseman

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 3106 Ridgehill Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/4/367. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 days, 8 hrs, 35 min. 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Jack Menton14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Dorothy Houseman16. BIRTHPLACE (city or town) Id.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL NOV 12 1936
Place Univ. of Md. Date19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 3622. I HEREBY CERTIFY, That I attended deceased from Nov 4 36 to Nov 8 36I last saw her alive on Nov 8 36. Death is said to have occurred on the date stated above, at 14⁰⁰A.

The principal cause of death and related causes of importance were as follows:

The deceased

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in all the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. B. Rodan

M. D.

(Address)

Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

788

OV 13 1936

2762

29020

F 29020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St., *42-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *2* mos. *0* ds. Not long in U. S. of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

Robert McHenry Cutlbert, Jr.
Petersburg, Va St., *0* Ward.

(a) Residence: No. *Petersburg, Va* St., *0* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *✓*

6. DATE OF BIRTH (month, day, year) *1910*

7. AGE Years *26* Months *0* Days *0* If LESS than 1 day, hrs. *0* or min. *0*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*
10. Date deceased last worked at this occupation (month and year) *0*
11. Total time (years) spent in this occupation *0*

12. BIRTHPLACE (city or town) *Petersburg* (State or country) *Va*

13. NAME *Robert McHenry Cutlbert, Jr.*

14. BIRTHPLACE (city or town) *Petersburg* (State or country) *Va*

15. MAIDEN NAME *Margaret Collier*

16. BIRTHPLACE (city or town) *Va* (State or country) *0*

17. INFORMANT *Mr. Clay Morris* (Address) *Petersburg, Va*

18. BURIAL INFORMATION OR REMOVAL *Petersburg, Va* Place *Nov 13, 1936*

19. UNDERTAKER *Wm. Michaelson Sons* (Address) *Hotel & Ta. Ave.*

20. FILED *13-1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 12, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry, and from the evidence obtained by said inquest, Autopsy or Inquiry, find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Suggestion of Solution of Sodium Cyanide through accident
10-12-36

Other contributory causes of importance:

Was an operation performed? *0* Date of *0*

For what disease or injury?

Name of operation *0* Date of *0*

What test confirmed diagnosis? *0* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *accident* Date of injury *10-12-1936*

Where did injury occur? *Baltimore, Md* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public place of business*

Manner of Injury *Suggestion of Sodium Cyanide*

Nature of Injury *Cyanide Poisoning*

24. Was disease or injury in any way related to occupation of deceased? *yes* If so, specify *Worked in chemical laboratory*

(Signed) *Wm. Michaelson* M. D. Coroner (Address) *0*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29022

M. D. B 1268-9

29022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Greenway Apts* St. *12-2* Ward)Length of residence in city or town where death occurred *52* yrs. *20* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Charles & 34th*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Ida Hatton Nunn*6. DATE OF BIRTH (month, day, year) *Oct. 22, 1884*7. AGE Years *52* Months *0* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Advertising*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *1945*
11. Total time (years) spent in this occupation *Balto.*12. BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *Stephen Edw. Nunn*14. BIRTHPLACE (city or town) (State or country) *Harford Co. Md.*15. MAIDEN NAME *Louisa G. Krug*16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*17. INFORMANT (Address) *Mrs. Ida H. Nunn Greenway Apts*18. BURIAL, CREMATION, OR REMOVAL Place *Greenwood Cem. No. 34, 36*19. UNDERTAKER *Wm. H. Huggins Sons North & Calves*20. DIED *1936* Registrar *Wm. H. Huggins, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 11, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris *10-11-36*
Arterio Sclerosis *?*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

29023

F 29023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4-7

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Frederick T. Jones

If U. S. Veteran

specify WAR _____

(a) Residence: No. 666 W. Fayette St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Rena G. Jones
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 13, 19067. AGE Years 30 Months 2 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME F. L. Jones Franklin Oliver Jones14. BIRTHPLACE (city or town) Md.
(State or country) Dorchester Co. Md.15. MAIDEN NAME Katherine Hahnemann16. BIRTHPLACE (city or town) Balto., Md.
(State or country)17. INFORMANT Mrs. Rena Jones
(Address) 676 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place BaltimoreDate Nov. 14, 193619. UNDERTAKER Wm. J. Tucker & Son
(Address)20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cyanid of Potassium Poison

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, Nov. 11, 1936, 19Where did injury occur? 666 W. Fayette St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place HomeManner of Drain Sol. Cyanid of Potassium

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) A. H. C. Allen

Coroner

M. D.

(Address) 757 W. 11th

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Inch Balto Gen Hosp*St., *24-1* Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME *George Hemrich*

St., Ward.

(If non-resident give city or town and State)

(a) Residence: No. *1453 Richardson*

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Apr 25-1921*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*8**6**21*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*

FATHER

13. NAME *Christian Hemrich*14. BIRTHPLACE (city or town) (State or country) *Russia*

MOTHER

15. MAIDEN NAME *Mrs. Steiner*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT (Address) *Mrs. Christian Hemrich*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross Cem. Co.*Date *Nov. 14*

1936

19. UNDERTAKER (Address) *Margaret G. Flynn**2107 N. Hilton*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/11/36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Trac Skull

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: *Acc* Date of injury *11/11*, 1936

Accident, suicide, or homicide

Where did injury occur? *Intestine & Antrum* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Intestine*Nature of injury *Pen cross sh on middle**of blood struck by automobile*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Hubert G. G. G. G.*

Coroner

M. D.

(Address) *2107 N. Charles St.*

F 29024

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate.

FILED 13 1936

F 29025

F 29025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Disquith St. 10-1 Ward)Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John G. Fischer(a) Residence: No. 1009 Disquith St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Phillips Fischer

6. DATE OF BIRTH (month, day, year)

July 31, 1875

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

61312 1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Provisions Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28 1/2

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Frederick Fischer

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Kranz Hoffman

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Mr. Fischer, Son

(Address)

1009 Disquith St.

18. BURIAL, CREMATION, OR REMOVAL

Buried Heart Cemetery Date Nov. 14, 1936

19. UNDERTAKER

E. J. W. Conklin

(Address)

924 E. E. Conklin

NOV 13 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936, to Nov 12, 1936I last saw him alive on Nov 12, 1936 Death is saidto have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

mesenteric thrombosisCh Myocarditis

Other contributory causes of importance:

Date of onset

Was an operation performed? no

Date of

For what disease or injury? noName of operation no

Date of

What test confirmed diagnosis? PhysiWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) A. H. Hornstein

M. D.

(Address) 733 Disquith St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Hollins St St. 18-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Vinskaitis

(a) Residence: No. 902 Hollins St St. Ward. (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1891

7. AGE Years 45 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schloss Bro. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania (State or country)

13. NAME Not Known 14. BIRTHPLACE (city or town) Lithuania (State or country)

15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) Lithuania (State or country)

17. INFORMANT Mrs. Frank Matelis (Address) 924 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11/14/1936

19. UNDERTAKER John J. Conway (Address) 901 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to Mer death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 13 1936

The City of Baltimore, Md. Registrar

F 29027

F 29027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 E. Preston St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James G. Williams

If U. S. Veteran
specify WAR

(a) Residence: No. 1524 E. Preston St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Blanche Williams

6. DATE OF BIRTH (month, day, year) 1860

7. AGE

Years 76

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Salisbury, Md

FATHER

13. NAME

Gabriel Williams

14. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

15. MAIDEN NAME

Mary Johns

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

Blanche Williams

(Address)

1524 E. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

Nov 14 1936

19. UNDERTAKER

(Address)

Payner Sanders
1413 E. Preston St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10 1936 to Nov 11 1936

I last saw him alive on Nov 10 1936 Death is said

to have occurred on the date stated above, at 11 am

The principal cause of death and related causes of
importance were as follows:

Pulmonary Phthisis

Date of onset

Other contributory causes of importance:

Toxemia

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 13 1936

M. D. B. 1268-9

29028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Pine St. St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2122 Pine St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Boulah M. Atkinson (or WIFE of)6. DATE OF BIRTH (month, day, year) Nov. 1 - 18767. AGE Years 60 Months 8 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Alfred Atkinson14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Alice16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Boulah M. Atkinson (Address) 2122 Pine Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov. 14, 193619. UNDERTAKER Josiah Byler (Address) 1600 N. York Ave.20. REGISTRAR Stanton M. Higgins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. I HEREBY CERTIFY, That I attended deceased from 11/5 to Nov. 12, 1936I last saw him alive on 11/11 Death is said to have occurred on the date stated above, at 12:30 in.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Charles E. Egan M. D.(Address) 2145 N. Balt

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate. state CAUSE OF DEATH in plain terms. OCCUPATION is very important.

NOV 14 1936

29029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29029

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Hazel St. 35-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth 36 yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1620 Hazel St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |
| 6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of <u>Frank Schneider</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 28, 1877</u> | | |
| 7. AGE | Years | Months |
| | 59 | 1 |
| | | Days |
| | | 13 |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Housework</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) <u>Bohemia</u> (State or country) | | |
| FATHER | 13. NAME <u>Joseph Kranac</u> | |
| | 14. BIRTHPLACE (city or town) <u>Bohemia</u> (State or country) | |
| | 15. MAIDEN NAME <u>not known</u> | |
| | 16. BIRTHPLACE (city or town) <u>Bohemia</u> (State or country) | |
| MOTHER | 17. INFORMANT <u>Frank Schneider</u> (Address) <u>1620 Hazel St</u> | |
| | 18. BURIAL, CREMATION, OR REMOVAL Place <u>Oak Hill</u> Date <u>Nov 14, 1936</u> | |
| | 19. UNDERTAKER <u>Frank Coachman</u> (Address) <u>1906 Ireland St</u> | |
| | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|---|----------------|
| 21. DATE OF DEATH (month, day, year) <u>Nov. 11, 1936</u> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>November 7, 1936</u> , to <u>Nov 11, 1936</u> | |
| I last saw her alive on <u>Nov 11, 1936</u> Death is said to have occurred on the date stated above, at <u>10 A</u> m. | |
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| <u>Cerebral Hemorrhage</u> | <u>11/7/36</u> |
| Other contributory causes of importance: | |
| <u>Hypertension</u> | <u>2 years</u> |
| Was an operation performed? <u>No</u> Date of _____ | |
| For what disease or injury? | |
| What test confirmed diagnosis? <u>none</u> Was there an autopsy? | |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ | |
| Where did injury occur? _____ (Specify city or town, county, and State) | |
| Specify whether injury occurred in industry, in home, or in public place _____ | |
| Manner of injury _____ | |
| Nature of injury _____ | |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Lois Mullin</u> M. D. (Address) <u>1228 S. Charles St.</u> | |

NOV 13 1936

Registrar.

29030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N. Durham St., 8th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Silbersack

(a) Residence: No. 1630 N. Durham St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Silbersack | | |
| 6. DATE OF BIRTH (month, day, year) Aug 12 th 1864 | | |
| 7. AGE 72 | Years 3 | Months Days If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Guescheck

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gerena Guescheck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address) Michael Silbersack 1630 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy R. Cemetery Date Nov 16, 36

19. UNDERTAKER

(Address) Leo G. Cook 1703 N. Calhoun Pl.

20. FILED

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1936 to 11/12, 1936

I last saw him alive on 11/12, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decomposition

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. Fittman M. D.

(Address) 1508 E. Chase

(Towne)

F 29031

29031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 1/2 Jute

ST. 25-6 WARD)

2-FULL NAME

(a) RESIDENCE NO. 33 1/2 Jute

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced. (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug-15-1936, to Nov-17-1936,

that I last saw him alive on Nov-10-1936,

and that death occurred, on the date stated above at 11:50 p.m.

The CAUSE OF DEATH* was as follows:

Coronary heart lesion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

19

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Nora Lina Roth Carline

11/14, 1936

20 UNDERTAKER

ADDRESS

Walter B. Friggis

18 W. Hamly St.

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificates.

F 29032

18614

F 29032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Horace Jones

If U. S. Veteran

specify WAR _____

(a) Residence: No. 2613 Boone St.

St., _____ Ward, _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12-15-18727. AGE Years 64 Months 10 Days 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Merrill14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Mary Whaley16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT B. C. H. Records (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin Md Date Nov 15, 193619. UNDERTAKER J. W. Barber (Address) Berlin Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12, 193622. I HEREBY CERTIFY, That I attended deceased from 11-10, 1936 to 11-12, 1936I last saw him alive on 11-12, 1936 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

5 hrs

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) John L. Karney M. D.(Address) Baltimore City

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25. FILED

NOV 17 1936

F 29033

29033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *891 N. Fayette St* St. *18-1* Ward)

Length of residence in city or town where death occurred.....yrs.....moa.....ds. How long in U. S. If of foreign birth?.....yrs.....moa.....ds.

2. FULL NAME

(a) Residence: No. *891 N. Fayette St*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct. 3, 1883*7. AGE Years *52* Months *53* Days *1* If LESS than 1 day.....hrs. or.....min. *8*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pharmacist 0025*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Drug Store (Retail)*
10. Date deceased last worked at this occupation (month and year) *11/11/36* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)FATHER 13. NAME *Henry L. Branning*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)MOTHER 15. MAIDEN NAME *May E. Roache*16. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)17. INFORMANT *Mrs. Mary T. Wells (Sister)*
(Address) *891 N. Fayette St*18. BURIAL, CREMATION, OR REMOVAL
Place *Powder Mill* Date *11/14/36*19. UNDERTAKER *J. C. Cole*
(Address) *1200 W. Lombard*20. FILED *11-14-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 11, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1, 1936* to *Nov. 11, 1936*I last saw him alive on *November 11, 1936*. Death is said to have occurred on the date stated above, at *11:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Angina Pectoris.

Date of onset

1 Mo.

Other contributory causes of importance:

*none*Was an operation performed? *none* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Physical* Was there an autopsy? *no*

23. If death was due to external causes (violent) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify(Signed) *Thomas Horton* M. D.(Address) *887 N. Lombard St*

Information should be carefully supplied. Not signed or dated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 29034

29034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Unknown* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

*Mrs. Margaret Plack*U. S. Veteran
specify WAR _____(a) Residence: No. *2112* *Cliffwood Ave.* St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Henry Plack</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>April 30th 1851</i> | | |
| 7. AGE Years <i>85</i> Months <i>6</i> Days <i>12</i> | If LESS than 1 day, _____ hrs. or _____ min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) *Howard Co.*
(State or country) *Maryland*13. NAME *Brause*14. BIRTHPLACE (city or town) *Unknown*
(State or country) *Maryland*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*
(State or country) *Unknown*17. INFORMANT *Henry Plack*
(Address) *1526 Abbotson St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore Cemetery* Date *Nov. 16th 1936*19. UNDERTAKER *Frederick H. H. H. H. H.*
(Address) *7401 Blair Road*

CO. FILED

V 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/12/36*, 19

22. I HEREBY CERTIFY, That I attended deceased from

10/30/36, 19 to *11/12/36*, 19I last saw her alive on *11/12/36*, 19. Death is said to have occurred on the date stated above, at *8 P* m.

The principal cause of death and related causes of importance were as follows:

Ca. of Gall Bladder.

Date of onset

Other contributory causes of importance:

*Brause - Pneumonia*Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. P. Stephens* M. D.(Address) *Madison St.*

29036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29036

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Not)

St. Joseph's Hospital Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ³⁵ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Catherine Meeder

(a) Residence: No. 3205 E. North Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Meeder

6. DATE OF BIRTH (month, day, year) April 14 1907

7. AGE Years 29 Months 6 Days 29 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Co Md (State or country)

13. NAME Frank S. Meeder 14. BIRTHPLACE (city or town) Hartford Co Md (State or country)

15. MAIDEN NAME Lillian Lember 16. BIRTHPLACE (city or town) Hartford Co Md (State or country)

17. INFORMANT My Herman Meeder (Address) 2207 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cemetery White 11-15 1936

19. UNDERTAKER Albert L. Hilly (Address) 1604 N. Chester Street

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1936 to Nov 12 1936

I last saw her alive on Nov 12 1936 Death is said to have occurred on the date stated above, at 3 40 PM in.

The principal cause of death and related causes of importance were as follows:

Septic, Lymphatic Leukemia

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? yes Date of Oct 10, 36

For what disease or injury? Vaginal Bleeding

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) J. Austran M. D.

(Address) St. Joseph's Hospital

F 29037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29037

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *930 N. Bentalou* St., *16-5* Ward)Length of residence in city or town where death occurred *86* yrs. *1* mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Duckett

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No.

930 N. Bentalou

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *the late Catherine Duckett*6. DATE OF BIRTH (month, day, year) *Sept 30, 1850*7. AGE *86* Years *1* Months *14* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto, Md.* (State or country)13. NAME *William Duckett*14. BIRTHPLACE (city or town) *Balto, Md.* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Balto, Md.* (State or country)17. INFORMANT *Mrs William J. Bower*(Address) *930 N. Bentalou St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *11/16/1936*19. UNDERTAKER *John J. Bower & Son*(Address) *901 N. Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/13/1936*22. I HEREBY CERTIFY, That I attended deceased from *11/11/1936* to *11/13/1936*last saw him alive on *11/12/1936* Death is saidto have occurred on the date stated above, at *2 A.* m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
hypertension

Other contributory causes of importance:

Myocarditis

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Chas A. Carlson* M. D.(Address) *2145 N. Balto St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED
14 1936

Registrar.

29038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*CITY OF BALTIMORE: (No. *4-2* St., *4-2* Ward)Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *18 yrs.* yrs. *18* mos. *0* ds. How long in U. S. If of foreign birth? *18 yrs.* yrs. *18* mos. *0* ds.2. FULL NAME *Sarah Lou Rock*

If U. S. Veteran specify WAR

(a) Residence: No. *615 N. Fayette* St., *18* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*6a. If married, widowed or divorced *Married* of *Samuel N. Rock* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 5 - 1900*7. AGE Years *36* Months *10* Days *8* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as *sewer, bookkeeper, etc.* 9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.* 10. Date deceased last worked at this occupation (month and year) *10-27* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *St. Petersburg Va*13. FATHER *Samuel Sanford*14. BIRTHPLACE (city or town) *St. Petersburg Va*15. MOTHER *Minnie Veyler*16. BIRTHPLACE (city or town) *St. Petersburg Va*17. INFORMATION (Address) *3021 N. 11th Ave. Richmond*18. MURDER, CREMATION, OR REMOVAL *Woodlawn* Date *11/14* 193619. UNDERTAKER *William Coyle* (Address) *1217 S. Paul Street*20. FILED *14-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-13* 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Inc skull**Inc back of neck*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *11-13* 1936Where did injury occur? *Washington Blvd near North Ave* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Highway*Nature of injury *Car ran into telephone pole*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William Coyle* M. D.(Address) *901 N. Charles St*

F 29039

F 29039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Linden Ave. & Lake Drive
CITY OF BALTIMORE: (No. Riviera Apts. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Benjamin A. Gundersheimer

(a) Residence: No.

Riviera Apts.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Gundersheimer

6. DATE OF BIRTH (month, day, year) Oct. 12, 1859

7. AGE Years 77 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond, Va. (State or country)

13. NAME Jacob Gundersheimer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Leah Kaufman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. B. A. Gundersheimer, (Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Baito. Hebrew Cem Date Nov. 15, 1936

19. UNDERTAKER (Address)

David Sonnsheim & Son 1902 Euter Place

NOV 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 9, 1936 to Nov. 13, 1936

I last saw him alive on Nov. 13, 1936 Death is said to have occurred on the date stated above, at 5.45 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia (left) pneumonia (terminal)

Other contributory causes of importance:

Carcinoma rectum, 4 years General Carcinomatosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Cohen M. D. (Address) Marlborough Apts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Thames St St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Mary Rybicki

(a) Residence: No. 1728 Thames Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced The Late George Rybicki
WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1868

7. AGE Years 68 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Martin Jankowski

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John Rybicki (Son)
(Address) 1728 Thames Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov, 17th 1936

19. UNDERTAKER George B. Weber
(Address) 705 ...

20. FILED NOV 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1936

22. I HEREBY CERTIFY. That I attended deceased from June 10, 1934 to Nov. 14, 1936

I last saw her alive on Nov. 14, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

11-11-36

Other contributory causes of importance:

Chronic Endocarditis

6-3-33

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? P.S. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Szyrbicki M. D.

(Address) 1802 Eastern Ave.

F 29041

F 29041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1058 W. Fayette St.* St. *18-2* Ward)Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1058 W. Fayette* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced *HUSBAND* (or) WIFE of *Benjamin Jones*6. DATE OF BIRTH (month, day, year) *12.12.1875*7. AGE Years *60* Months *11* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic Servant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Private family*
10. Date deceased last worked at this occupation (month and year) *October, 1933* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Gloucester, Co.* (State or country) *Virginia*13. NAME *Robert Wyatt*14. BIRTHPLACE (city or town) *Gloucester, Co.* (State or country) *Virginia*15. MAIDEN NAME *Mary Jones*16. BIRTHPLACE (city or town) *Mathew Co.* (State or country) *Virginia*17. INFORMANT *Francis Randall* (Address) *Ames Store Test Office, Gloucester, Va.*18. BURIAL, CREMATION, OR REMOVAL *Place Mt. Auburn* Date *Nov. 16, 1936*19. UNDERTAKER *Mr. Katie R. Williams* (Address) *322 S. Chesapeake St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11.12.36*, 1922. I HEREBY CERTIFY, That I attended deceased from *November 10, 1936* to *November 12, 1936*I last saw her alive on *November 12, 1936*. Death is said to have occurred on the date stated above, at *12:45 pm*.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage *11.10.36*
Hypertensive heart disease *1.7.36*

Other contributory causes of importance:

Name of operation *none* Date of *—*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify(Signed) *James M. Fair* M. D.(Address) *865 W. Lexington St.*

F 29042

✓ F 29042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-1 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Veney(a) Residence: No. 307 N. Gilmor St. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sent. 9, 19207. AGE Years Months Days If LESS than
16 2 3 4 1 day, ... hrs.
or ... min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME Hayes14. BIRTHPLACE (city or town)
(State or country) Va.15. MAIDEN NAME Edith Cain16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 16, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 227 N. Calverton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 193622. I HEREBY CERTIFY That I attended deceased from
July 31, 1936 to November 13, 1936I last saw him alive on November 13, 1936 Death is said
to have occurred on the date stated above, at 12:55 A.M.The principal cause of death and related causes of
importance were as follows:Pulmonary TuberculosisDate of onset
June
1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Lew H. Feldman M. D.(Address) Baltimore City HospitalsExact statement of
cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

NOV 14 1936

19

Registrar.

F 29043

F 29043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME M. Anna Rice (18442)(a) Residence: No. 408 Federal

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 30, 19207. AGE Years Months Days If LESS than
16 6 13 12 t day. hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Va.13. NAME Cornelius14. BIRTHPLACE (city or town)
(State or country) Va.15. MAIDEN NAME Mary Edmonds16. BIRTHPLACE (city or town)
(State or country) Va.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place West Calvary Cem Date 11/15/3619. UNDERTAKER Mrs. Frances A. Hemmley
(Address) 578 W. Biddle St20. FILE NO. 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 193622. I HEREBY CERTIFY, That I attended deceased from
November 4, 1936 to November 12, 1936I last saw her alive on November 12, 1936. Death is said
to have occurred on the date stated above, at 11:15 A.M.The principal cause of death and related causes of
importance were as follows:Pulmonary TuberculosisDate of onset
March
1936

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If not specify

(Signed) How H. Feldman

M. D.

(Address)

Baltimore City Hospitals

F 29044

F 29044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 E 24 St. 12-4 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Alice Taylor(a) Residence: No. 401 E 24

(Usual place of abode)

St., 12-4 Ward.

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) W5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 15 18697. AGE 67 Years 7 Months 28 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover Va (State or country)13. NAME Thomas Johnson14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT Mary T Taylor (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 11/15/193619. UNDERTAKER Mrs. Frances H. Hemmley (Address) 578 W. Biddle St.

20. DATE

Nov 14 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 193622. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Nov. 13 1936I last saw him alive on Nov 12 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

June 1 36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. A. Johnson
2329 Greenport Ave

F 29045

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29045

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 14 Ward)
Baltimore, Md.Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME William T. Johnson

Registered No. _____

(If death occurred in a hospital or institution, give its NAME (instead of street and number).)

If U.S. Veteran
specify WAR _____(a) Residence: No. 1412 Druid Hill Ave.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Verna Pinkney Johnson
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 19, 18907. AGE Years 46 Months 3 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Adeline
(State or country) Calvert County, Md.13. NAME Nathaniel Johnson14. BIRTHPLACE (city or town) Calvert County, Md.
(State or country)15. MAIDEN NAME Annie Butler16. BIRTHPLACE (city or town) Anne Arundel County, Md.
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Carroll Calvert Co. Md.Date 11/16193619. UNDERTAKER Mrs. Frances Hemmley
(Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 193622. I HEREBY CERTIFY. That I attended deceased from October 22, 1936 to November 12, 1936I last saw him alive on November 12, 1936. Death is said to have occurred on the date stated above, at 7:55a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac disease, endocarditis, subacute, bacterial (streptococcus viridans). 3 mos.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur?

(Specify city or town, county, and state.)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of _____?

If so, specify

(Signed) T. M. W. Anderson(Address) U.S. Marine Hospital
Baltimore, Maryland

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

NOV 14 1936

29846

F 29046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

President Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 16 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Matthew Carey

If U. S. Veteran

specify WAR

(a) Residence: No.

924 Whatcoat St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Caucasian

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Frances Carey

6. DATE OF BIRTH (month, day, year)

Aug 5, 1908

7. AGE

28

Years

Months

3

Days

4

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Philadelphia

FATHER

13. NAME

Thomas Carey

14. BIRTHPLACE (city or town) (State or country)

Pa

MOTHER

15. MAIDEN NAME

Martha

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Wm. Francis Carey 724 Whatcoat St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

Nov. 13, 1936

19. UNDERTAKER (Address)

Thomas E. Kelson

1303 Presstman St.

20. FILED

OV 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov. 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Step 10 around in heart.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. Ham

M. D.

(Address)

12157 Tamar

F 29047

✓ F 29047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St. 4-2 Ward)Registered No. X 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME FREDRICK WILLIAM SCIS

If U.S. Veteran

Specify WAR

(a) Residence: No. 207 North Prince George Avenue St. ____ Ward.(Usual place of abode) Capitol Heights Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>MALE</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 4, 1935

| | | | | |
|--------|----------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hra. or ____ min. |
| | <u>1</u> | <u>1</u> | <u>13</u> | <u>13</u> |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country) Maryland13. NAME Walter Michael Scis14. BIRTHPLACE (city or town) Washington, D.C.
(State or country)15. MAIDEN NAME Pearl Apnes Johns16. BIRTHPLACE (city or town) Anne Arundel
(State or country) County Md.17. INFORMANT Walter Michael Scis(Address) 207 N. Prince George Ave18. (BURIAL) CREMATION, OR REMOVAL CAPITOL HEIGHTSPlace Fort Lincoln Date Nov. 16, 193619. UNDERTAKER George A. Farley(Address) Frederick Ave & Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 193622. I HEREBY CERTIFY, That I attended deceased from
NOVEMBER 12, 1936, to NOVEMBER 13, 1936.I last saw him alive on November 13, 1936. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIADate of onset
Nov. 8

Other contributory causes of importance:

Acute Nutritional DisturbanceWas an operation performed? No Date of ____

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Michael Scis M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1936

Registrar.

F 29048

✓ F 29048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Harford Road St. 9-Ward)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis Kneas

(a) Residence: No. 3416 Harford Road St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larrie M. Kneas | | |
| 6. DATE OF BIRTH (month, day, year) Dec 25 1864 Dec 25 1864 | | |
| 7. AGE 71 | Years 10 | Months 13 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bugle Laundry | | |
| 10. Date deceased last worked at this occupation (month and year) 14 yrs | | |

12. BIRTHPLACE (city or town)
(State or country)
Baltimore13. NAME
Henry Kneas14. BIRTHPLACE (city or town)
(State or country)
Germany15. MAIDEN NAME
Kneas16. BIRTHPLACE (city or town)
(State or country)
Baltimore17. INFORMANT
(Address)
Barrie M. Kneas
3416 Harford Road18. BURIAL, CREMATION, OR REMOVAL
Place
Date19. UNDERTAKER
(Address)
Geo. Schilling & Sons
Government & Delight St.20. FILED
Date
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from
1936 to Nov 13 1936
I last saw him alive on Nov 13 1936 Death is said
to have occurred on the date stated above, at 2 a.m.The principal cause of death and related causes of
importance were as follows:mixed cell
abnormal cells
hyperplastic glands

Date of onset

Other contributory causes of importance:

Name of operation
Removal of gland Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also
following:
Accident, suicide, or homicide? Date of injuryWhere did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo. Schilling & Sons

(Address) 2858 Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

29049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6309 Weidman Ave. St., 27 Ward)

Length of residence in city or town where death occurred 15 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chris M. Weidman

(a) Residence: No. 6309 Weidman Ave. St., 27 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) August 10th 1861

7. AGE 15 Years 2 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Upholstery

10. Date deceased last worked at this occupation (month and year) Sept 1/36 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) Balto (State or country) County

13. NAME Chris M. Weidman

14. BIRTHPLACE (city or town) Balto (State or country) County

15. MAIDEN NAME Francis W. Burchina

16. BIRTHPLACE (city or town) Balto (State or country) County

17. INFORMANT Alice M. Weidman (Address) 6309 Weidman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burial Date Nov 15th 1936

19. UNDERTAKER Heath & Sons (Address) Monument & Aqueduct St

20. FILED 1936 Heath & Sons Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 22 1936 to Nov 13/36 1936

I last saw him alive on Nov 12/36 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Tubercular Osteo-sarcoma

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Geo H. Hocking M. D.

(Address) 3535 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

✓ F 29049

F 29050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29050

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1200 Valley St* St. *10-1* Ward)Registered No. *107-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1200 Valley* St., *10-1* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Wid.*6a. If married, widowed, or divorced HUSBAND of *Alice Finnegan* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 12 - 1857*7. AGE Years *79* Months *3* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Lancashire* (State or country) *England*13. NAME *John Higgins*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Hannah* ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup.* (Address) *Little Sisters of the Poor - 1200 Valley*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Nov. 16, 1936*19. UNDERTAKER *Rita Wredefield* (Address) *914 Greenmount Ave*

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 12 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 26* 1936 to *Nov 12* 1936I last saw him alive on *Nov 12* 1936. Death is said to have occurred on the date stated above, at *6:00* P. m.

The principal cause of death and related causes of importance were as follows:

*Bronchitis Pneumonia*Other contributory causes of importance: *Asthma*Was an operation performed? *No* Date ofFor what disease or injury? *Phyp* Date of *no*Name of operation *Phyp* Was there an autopsy? *no*What test confirmed diagnosis? *Phyp*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *L. M. C. Parker* M. D.(Address) *1114 Harford Ave*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

NOV 14 1936

F 29051

✓ F 29051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. 1423 - Harley Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Jane C. Style
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Jan 12 - 18857. AGE Years 51 Months 10 Days _____ If LESS than 1 day, _____ hrs. or _____ m'n.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME Phillip J. Style
14. BIRTHPLACE (city or town) Baltimore
(State or country) md.15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) _____
(State or country) _____17. INFORMANT Jane C. Style
(Address) 1423 Harley Ave18. BURIAL, CREMATION, OR REMOVAL
Place Monksland Park Date 11/15/3619. UNDERTAKER Edward J. Bach
(Address) 5700 W. 1st St.

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 3, 1936 to Nov. 12, 1936I last saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage

Date of onset

10/29/36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

Sidney Selman M. D.

OV 14 1936

E 29052

E 29052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Lauretta Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth: 33 yrs. 1 mos. 1 ds.2. FULL NAME Amelia Marie Leonard(a) Residence: No. 2724 Lauretta St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of John St Leonard (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 12/19037. AGE Years 33 Months 1 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Benj. F. Rouse14. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland15. MAIDEN NAME Nellie Ritzius16. BIRTHPLACE (city or town) unknown (State or country)17. INFORMANT John St Leonard (husband) (Address) 2724 Lauretta Ave18. BURIAL, CREMATION, OR REMOVAL Woodlawn Place Nov 16 193619. UNDERTAKER Stewart Mortuary (Address) 108 W Monument20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 193622. I HEREBY CERTIFY, That I attended deceased from beginning 1936 to beginning 1936I last saw him alive on beginning 1936 Death is saidto have occurred on the date stated above, at 1901 Ave

The principal cause of death and related causes of importance were as follows:

Suicide by shooting with Revolver three frontal brain

Other contributory causes of importance:

Arteriosclerosis two years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: suicideAccident, suicide, or homicide? suicide Date of injury 11/13 1936Where did injury occur? 2724 Lauretta Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place homeManner of injury Revolver shot threeNature of injury 3 brain

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) H. E. Phillips M. D.(Address) 1239 Bluebird Ave Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Pratt St., 3-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Salem McCainIf U. S. Veteran
specify WAR(a) Residence: No. 1102 E. PrattSt., 3-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced Barah E.
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 1 18537. AGE Years 83 Months 8 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Indianapolis
(State or country)13. NAME Alexander14. BIRTHPLACE (city or town) Indianapolis
(State or country)15. MAIDEN NAME Alexanne Stevenson16. BIRTHPLACE (city or town) Indianapolis
(State or country)17. INFORMANT Ruth F. Frantz (daughter)
(Address) 1102 E. Pratt18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Nov 14 193619. UNDERTAKER Albert M. Carey
(Address) 440 E. Pratt20. REGISTRAR William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) W. H. Williams M. D.(Address) 1010 S. Calver Ave Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14 1936

F 29054

29054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Marie Runge(a) Residence: No. 939 N. Chester St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11-24-18827. AGE 54 Years 53 Months 11 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

Austria15. MAIDEN NAME Anna ? Inferum

16. BIRTHPLACE (city or town) (State or country)

Austria

17. INFORMANT

(Address)

B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy A. Cemetery Date Nov 16 1936

19. UNDERTAKER (Address)

Black Crook San
1806 Lombard Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 193622. I HEREBY CERTIFY, That I attended deceased from 11-10 1936 to 11-12 1936I last saw h. er alive on 11-12 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary EmbolismDate of onset
11-12-36

Other contributory causes of importance:

Diabetes MellitusPossibly
1 yr.Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John F. Ranney
Baltimore City Specialist

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29055 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 Eager St., 7 Ward)

Length of residence in city or town where death occurred 46 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Anna Skarda

(a) Residence: No. 2446 E. Eager St., 7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 1. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Blaze Skarda</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Oct 4 1890</u> | | |
| 7. AGE <u>46</u> | Years <u>1</u> | Months <u>8</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1037</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Skarda

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Kostohyz

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Blaze Skarda
(Address) 2446 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Roch's Date Nov 16

19. UNDERTAKER Frank Brockman
(Address) 1806 Calver Ave

20. FILED 14-1936 St. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-8 to 11-12, 1936

I last saw her alive on Nov 12, 1936 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and relative causes of importance were as follows:

General arteriosclerosis
Chyperemia
Cerebral hemorrhage

Other contributory causes of importance:

acute Cardiac Dehiscence

Was an operation performed? No Date of 12

For what disease or injury?

fracture

What test confirmed diagnosis? fracture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Dr. H. J. Purdy
Dr. H. J. Purdy

F 29057 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME MR. ALEXANDER M. FULFORD

(a) Residence: No. BEL AIR md. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of Georgie Fulford (or) WIFE Georgie Fulford

6. DATE OF BIRTH (month, day, year) Dec 2 1874

7. AGE Years 61 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0025
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacist
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Belair md (State or country)

13. NAME A M. Fulford

14. BIRTHPLACE (city or town) Balto (State or country)

15. MAIDEN NAME Eliz Fulford

16. BIRTHPLACE (city or town) Belair (State or country)

17. INFORMANT Georgie Fulford (Address) Belair md

18. BURIAL, CREMATION, OR REMOVAL Balto md Place Greenmont Cem Date Nov 17 1936

19. UNDERTAKER Hubert P. Hopkins (Address) Delta Pa.

20. FIELD 1936 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/11/36 1936 to 11/14 1936

I last saw him alive on 11/14 1936. Death is said to have occurred on the date stated above, at 6 PM.

The principal cause of death and related causes of importance were as follows:

LOBAR PNEUMONIA

Date of onset

?
Nov. 5th
ever

Other contributory causes of importance:

MALIGNANT PSORIASIS

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? sputum culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

Signed L. Claggett, M.D. (Address) Union Memorial Hosp.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29058

HEALTH DEPARTMENT—CITY OF BALTIMORE

29058

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swai Hosp.* St. *27-17* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S. If of foreign birth *34* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Hebrew Home Agg.* St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *Divorced* (Write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1886*

7. AGE *50* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Meyer Rubinstein*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Mignie Schwartz*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Janice Weinberg*

(Address) *1268 Nelson Ave N.Y. N.Y.*

18. BURIAL, CREMATION, OR OTHER

Place *New York N.Y. Nov-5-36*

19. UNDERTAKER *Wm. C. Muller*

(Address) *2435 E. Ohio St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-14*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *11-10*, 19*36*, to *11-14*, 19*36*

I last saw her alive on *11-14*, 19*36* Death is said to have occurred on the date stated above, at *2:30* P.M.

The principal cause of death and related causes of importance were as follows:

acute Nephritis
acute Uremia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur *Hebrew Home Agg.*

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

M. D.

NOV 15 1936

F 29059

F 29059 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., 9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Benjamin Davis

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1629 - Ashland Ave. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec. 26, 19357. AGE Years Months Days If LESS than 1 day, hrs. or min. 10 17 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME Josephus Davis14. BIRTHPLACE (city or town) North Carolina (State or country)15. MAIDEN NAME Estelle Johnson16. BIRTHPLACE (city or town) North Carolina (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Date Nov. 15, 193619. UNDERTAKER Robert William (Address) 1515 McElroy St.

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 13, 1936 to Nov. 13, 1936I last saw him alive on Nov. 13, 1936 Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Brachio-pneumonia

Date of onset

10/30/36
11/12/36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Sidney Selman M. D.

(Address) _____

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1936151A05

29060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-1 Ward)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Beckie Rachel Cohen(a) Residence: No. 814 Newington Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Max Cohen
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18827. AGE Years 54 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk, mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)FATHER 13. NAME Zolda Mirsch 14. BIRTHPLACE (city or town) Russia
(State or country)MOTHER 15. MAIDEN NAME Tobie Levin 16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Max. Cohen
(Address) 814 Newington Ave.18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 11/5, 193619. UNDERTAKER Ed. L. Linn
(Address) 1127 E. Baltimore St.20. FILED 11/5, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1936 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry)

that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mesenteric Thrombosis

Other contributory causes of importance:

Was an operation performed? Yes Nov. 13, 1936For what disease or injury? Remove ThrombosisName of operation Laparotomy Date Nov. 13, 1936What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. H. Linn M. D.(Address) 2757 N. Mount St.

PHYSICIANS should state EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

9631 91 AON

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29061

F 29061

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* Ward)

Length of residence in city or town where death occurred *5* yrs. *10* mos. *10* ds. How long in U. S. If of foreign birth? *5* yrs. *10* mos. *10* ds.

2. FULL NAME

Clarence E. Tracy

If U.S. Veteran
specify WAR *no*

(a) Residence: No. *3326 Edmondson Ave* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of *Marie E. Tracy*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *3/13/1867*

7. AGE Years *69* Months *7* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machine hand*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hooper Mills*
10. Date deceased last worked at this occupation (month and year) *Nov 6/36* 11. Total time (years) spent in this occupation *12 yrs*

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Gilson E. Tracy*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Jane Wilson*

16. BIRTHPLACE (city or town) (State or country) *Md*

17. INFORMANT *Marie E. Tracy*
(Address) *3326 Edmondson Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *Western* Date *Nov. 17 1936*

19. UNDERTAKER *Mr & Mrs. John W. Geufel & Son*
(Address) *801 W. Fayette St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 14*, 19*36*

22. I HEREBY CERTIFY. That I attended deceased from *11/10*, 19*36*, to *11/14*, 19*36*

I last saw him alive on *11/14*, 19*36*. Death is said to have occurred on the date stated above, at *8 A M.*

The principal cause of death and related causes of importance were as follows:

Hemorrhage for intestines (?)
Lobar Pneumonia

Date of onset
11/7
11/9

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *C.F* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. D. Simpson* M. D.

(Address) *Bon Secours Hospital*

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 15 1936

29062

F 29062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph's Hospital 27* Ward) *1051-c*Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *John L. Ostheim*(a) Residence: No. *4209 Old York Road* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Rose L. Ostheim*6. DATE OF BIRTH (month, day, year) *Feb 1, 1863*7. AGE Years *73* Months *9* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Commission Merchant*10. Date deceased last worked at this occupation (month and year) *1911* 11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) (State or country) *Starford Co. Md*13. NAME *Henry Ostheim*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Mary Noss*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Rose L. Ostheim* (Address) *4209 Old York Road*

18. BURIAL, CREMATION, OR REMOVAL

Place *Crestview* Date *Nov 16, 1936*19. UNDERTAKER *Mrs. Mrs. John W. Teufel & Son* (Address) *801 W. Fayette St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 20, 1936* to *Nov. 12, 1936*I last saw him alive on *Nov. 12, 1936* Death is said to have occurred on the date stated above, at *3⁰⁰ PM* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Date of onset

?

Other contributory causes of importance:

Metastasis to bladder + Peritoneum

?

Was an operation performed? *Yes* Date of *1936*For what disease or injury? *Ca of Prostate*What test confirmed diagnosis? *Opus* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *-*, 19*-*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Austran
St Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15-1936

F 29063

29063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S. Eden St. 7 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 4 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2382 E. Allen St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|--------|------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Wm.*

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | IF LESS than 1 day... hrs. or ... min. |
| | 5-7 | 6 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| 2/1/83 | 9 |

12. BIRTHPLACE (city or town) St. Albans
(State or country) Vt.

13. NAME Labuck Barry

14. BIRTHPLACE (city or town). *England*
(State or country)

15. MAIDEN NAME Lolama Linn

16. BIRTHPLACE (city or town).....*Irishland*
(State or country)

17. INFORMANT *Thos May*
(Address) *827 E. 1st St*

18. BURIAL, CREMATION, OR REMOVAL *219*

19. UNDERTAKER *Frank H. Conklin*
(Address) *224 E. 6th St.*

20. FILED _____, 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Heart Date of injury 4-2-35, 1935

Where did injury occur? 2385. Elm St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *home*

Manner of Injury: *fell off the turning on gas on*

Nature of Injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased?

If no, specify,

(Signed) _____ M. D.

(Address) 1010 S. Second St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

656

NOV 13 1950

29064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29064

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland Gen'l N 11153* Ward)Length of residence in city or town where death occurred.....yrs.....mos. *2* ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.2. FULL NAME *Mrs. Florence Robe*

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. *Fullerton, Md*

St.,Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *William Robe*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 29th 1902*7. AGE Years *34* Months *3* Days *14* If LESS than 1 day,hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Md*
(State or country)13. NAME *James J. Bowman*14. BIRTHPLACE (city or town) *Md*
(State or country)15. MAIDEN NAME *Elizabeth Arnold*16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *William S. Robe*
(Address) *Fullerton Md.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Frederick Alexander*
(Address) *7401 Selair Road*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 13* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 11* 19*36* to *Nov. 13* 19*36*I last saw him alive on *Nov. 13* 19*36* Death is said to have occurred on the date stated above, at *9:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of.....

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Jerome Eldman

M. D.

(Address)

Maryland Gen'l Ward.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 15 1936

29065

HEALTH DEPARTMENT—CITY OF BALTIMORE 29065

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1562 Abhattson Ward)Length of residence in city or town where death occurred 1 1/2 yrs. 1 mo. 15 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 15 ds.2. FULL NAME Hunter R. Robinson(a) Residence: No. 3104 Louise Ave St., 15 Ward.Registered No. 94-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced HUSBAND of Georgiana Robinson (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 2-18627. AGE Years 74 Months 8 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME John Robinson14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Robinson Reed16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT Geo. Charles Switzer (Address) 3104 Louise Ave18. BURIAL, CREMATION, OR REMOVAL Place Harford Date 11-16-193619. UNDERTAKER Leonard H. Hargis (Address) 1305 Harford Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 193622. I HEREBY CERTIFY, That I attended deceased from Dec., 1933, to Nov. 13, 1936. I saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Angina pectoris

Date of onset

1936
1933

Other contributory causes of importance:

Hypertrophied prostate1936

Was an operation performed?

No

Date of

Nov

For what disease or injury?

What test confirmed diagnosis?

clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

S. A. Alessi

M.D.

(Address)

6217 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1936

F 29066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29066
✓ 82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Belair Rd Ward 8-1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2017 Belair Road Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Medora F. Shipley (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25/1860

7. AGE Years 76 Months 5 Days 17 If LESS than 1 day, _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1921 11. Total time (years) spent in this occupation 18 1/2

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John F. Shipley

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Sarah Jane M. Brown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Medora F. Shipley (Address) 2017 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Place MA Oliver Date Nov 16 36

19. UNDERTAKER John Ylton (Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9- 1936 to 9-12- 1936

I last saw him alive on 9-12-36 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

11-9-36

Other contributory causes of importance:

Arteriosclerosis + hypertension

?

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Milton C. Raug

M. D.

(Address) 2117 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1936

Registrar

29067 HEALTH DEPARTMENT—CITY OF BALTIMORE 29067

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3216 Hamilton Ave* Ward *27-4*)

Length of residence in city or town where death occurred *54* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Henry W. Hafferbert*

(a) Residence: No. *3216 Hamilton Ave* St., Ward. (If non-resident give city or town and State)

Registered No. *53-D*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Paula Hafferbert* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 17-1866*

7. AGE Years *70* Months *1* Days *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ice Cream Business*
10. Date deceased last worked at this occupation (month and year) *Dec. 1935* 11. Total time (years) spent in this occupation *45*

12. BIRTHPLACE (city or town) (State or country) *Germany*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Mr. Sara Langley* (Address) *3216 Hamilton Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *Balto Cem* Date *Nov 16 1936*

19. UNDERTAKER *John Ullrich* (Address) *2008 Orleans St*

20. FILED *22-4* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 13 1936*

22. I HEREBY CERTIFY, That I attended deceased from *October 20 1935* to *Nov 13 1936*

I last saw him alive on *November 13 1936* Death is said to have occurred on the date stated above, at *5:50 A.m.*

The principal cause of death and related causes of importance were as follows:

Edema of lung

Date of onset

Nov. 11 1936

Other contributory causes of importance:

Carcinoma of spine

Name of operation Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no (Signature) *John L. Valentini* M. D. (Address) *16 Broadway*

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

29068

HEALTH DEPARTMENT—CITY OF BALTIMORE

29068

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore* St. *92-a* Ward)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1312* *Sayliss* St., *92-a* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Mary H. Canrae*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 7, 1883*7. AGE *82* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fireman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Fireman*
10. Date deceased last worked at this occupation (month and year) *May 1933* 11. Total time (years) spent in this occupation *27*12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *John F. Canrae*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Winkelman*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *John Canrae*
(Address) *1312 Sayliss*18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *Nov 15* 19*36*19. UNDERTAKER *John W. Winkelman*
(Address) *2008 Orleans St.*20. FILED *1312 Sayliss* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 12, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* that said deceased came to death on the day stated above.The principal cause of death and related causes of importance were as follows: *Chronic Endocarditis*
Valvular condition

Other contributory causes of importance:

Was an operation performed? *No* Date of *Nov 12, 1936*For what disease or injury? *Chronic Endocarditis*Name of operation *No* Date of *Nov 12, 1936*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of Injury *Nov 12, 1936*Where did injury occur? *No* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *No*Manner of injury *No*Nature of injury *No*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *No*(Signed) *J. H. Winkelman* Coroner(Address) *1315 Harrison St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29069

HEALTH DEPARTMENT—CITY OF BALTIMORE

29069

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *6-5* Ward)Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth: *30* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3 N. Broadway* St. *6-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *80?* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Samuel Rockford*
(Address) *3 N. Broadway*

18. BURIAL, CREMATION, OR REMOVAL

Samuel Date *11-15-36*19. UNDERTAKER *East Living Inc*
(Address) *1439 E. Pratt St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 14*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 10*, 19 *36*, to *Nov. 14*, 19 *36*.I last saw him alive on *Nov. 14*, 19 *36*. Death is said to have occurred on the date stated above, at *2* a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
*Bronchopneumonia (type undetermined)*Date of onset
11-10-36
11-12-36

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Bernard L. Luman
Sinai Hospital

M. D.

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29070

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15-3 Ward)

Length of residence in city or town where death occurred 36 mos. 36 ds. How long in U. S. If of foreign birth 36 yrs. 36 mos. 36 ds.

2. FULL NAME Rose Glickman

(a) Residence: No. 1611 N. B. Entellau St., 36 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 6. If married, widowed, or divorced HUSBAND of <u>Mother Louis</u> (or) WIFE of | | |
| 7. DATE OF BIRTH (month, day, year) | | |
| 7. AGE <u>59</u> | Months | Days |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Worker</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Quinn Home</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation <u>36</u> | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) <u>Russia</u> |
| 13. NAME <u>Jacob Glickman</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Russia</u> |
| 15. MAIDEN NAME <u>Edgnot Known</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>Russia</u> |

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Friendship Date 11/14/36

19. UNDERTAKER Jacob Glickman
(Address) 1437 E. Baltimore St.

20. FILED 15-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1936 to Nov 14, 1936

I last saw her alive on Nov 14, 1936 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Myocardial insufficiency

Date of onset
Nov 7
Nov 3

Other contributory causes of importance:

arteriosclerotic ht. disease 1934

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Ivan Sankov M. D.

(Address) Sinai Hospital

29071

HEALTH DEPARTMENT—CITY OF BALTIMORE

29071

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 13 Ward 3)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John. Wittmyer (John Howard Wittmyer)If U. S. Veteran
specify WAR _____(a) Residence: No. 2524 Francis St.

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIrene May Wittmyer6. DATE OF BIRTH (month, day, year) January 19, 18967. AGE Years 40 Months 9 Days 24 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Wagon10. Date deceased last worked at this occupation (month and year) Nov. 10, 1936 11. Total time (years) spent in this occupation 3 mos.12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John Wittmyer14. BIRTHPLACE (city or town) Hanover (State or country) Pennsylvania15. MAIDEN NAME Catherine Meyer16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Miss Mary Wittmyer (Address) 2524 Francis St.18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Nov. 17 193619. UNDERTAKER Joseph B. Cook (Address) 1003 N. Baltimore St.

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Nov 13, 1936.I last saw him alive on Nov. 13, 1936 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis Date of onset 11/10/36

Other contributory causes of importance:

Pneumonia 10/10
Terminal Bronchopneumonia 10/12Was an operation performed? Yes Date of Nov. 12For what disease or injury? Brain attackWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Poland E. Biers M. D.(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

OV 15 1936

29072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp 15-8* Ward *8*)Length of residence in city or town where death occurred *22* yrs. -- *14* mos. -- *15* ds. How long in U. S. If of foreign birth *22* yrs. -- *14* mos. -- *15* ds.2. FULL NAME *Miss Stella McCartney* (McCarty)Registered No. *46-8*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. *3620 Fairview Ave*If U.S. Veteran
specify WARWard. *8*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color, or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar. 21, 1872*7. AGE Years Months Days *64* *10* *23* If LESS than 1 day, hrs. or min. *32*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Professor of Education Goucher College*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) *Indianapolis*
(State or country) *Indiana*13. NAME *Orin P. McCartney*14. BIRTHPLACE (city or town) *Chic*
(State or country)15. MAIDEN NAME *Deborah Barney*16. BIRTHPLACE (city or town) *Iowa*
(State or country)17. INFORMANT *Mrs. W. D. McCartney*
(Address) *3620 Fairview Avenue*18. ~~PLACE OF~~ CREMATION, ~~PLACE OF~~
Place *Loudon Park Cemetery* *11/16, 1936*19. UNDERTAKER *Henry H. Mears & Son*
(Address) *805 N. Calvert St.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/13/36*22. I HEREBY CERTIFY, That I attended deceased from *9/16* 19 *36* to *11/13* *36*I last saw her alive on *11/13* Death is said to have occurred on the date stated above, at *10th*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Stomach
Metastasis to retroperitoneal lymph glands*

Date of onset

Other contributory causes of importance:

*Leukemia*Was an operation performed? *Yes* Date of *9/12/36*

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in all the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Charles B. March* M. D.(Address) *Bon Secours Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Park Avenue 14-1 Ward)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Adeline T. Noha

(a) Residence: No. 1416 Park Avenue St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Noha

6. DATE OF BIRTH (month, day, year) Aug. 3, 1854

7. AGE Years 82 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Dumler

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Dill

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Loretto M. Noha (Address) 1416 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 11/17, 1936

19. UNDERTAKER Henry W. Meeks & Son (Address) 805 N. Calvert St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/14/36, 19, to 11/14/36, 19.

I last saw h. alive on 11/13/36, 19. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Meeks M. D.

(Address) 321 E 28

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15 1936

M. D. B. 1936
F 29074

F 29074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roger W. Ruby

(a) Residence: No. 3363 Beech ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced Infant.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1st / 1930

7. AGE 6 Years 2 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Roger W. Ruby

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Elizabeth Schornadel

16. BIRTHPLACE (city or town) Md.

17. INFORMANT Mother Elizabeth Ruby (Address) 3363 Beech ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Nov 17 / 36

19. UNDERTAKER Walter Davis (Address) 3418 Chestnut ave

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 / 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumococcus Meningitis 11-13-36

Other contributory causes of importance:

Status Media-Bilateral-Acute 11-9-36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. Davis Coroner M. D.

(Address)

29075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Fairview ave / 5-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah L. Greenberg
(a) Residence: No. 3505 Fairview ave, Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sholom Shippel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bill

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Greenberg

18. BURIAL, CREMATION, OR REMOVAL (Address) 3505 Fairview ave

19. UNDERTAKER S. Lerner Bros

(Address) 1127 E. Baltimore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Nov. 15, 1936

I last saw her alive on 11-15-36, 1936. Death is said to have occurred on the date stated above, at 9:46 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma atonic

Date of onset 6 yrs ago

Other contributory causes of importance:

metastases

Was an operation performed? Breast Date of 6 yrs ago

For what disease or injury? Carcinoma of breast

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

NOV 15 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

29076

29076

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brookside Hospital 19-1 St., 44 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 44 yrs. 4 mos. 4 ds. How long in U.S. If of foreign birth? 44 yrs. 4 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 1317 W. Franklin St., 44 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Douglas Freeman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 9 - 18927. AGE Years 44 Months 2 Days 4 If LESS than 1 day, hrs. 4 or min. 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Thomas, Thomas14. BIRTHPLACE (city or town) (State or country) Baltimore Md15. MAIDEN NAME Bessie Freeman16. BIRTHPLACE (city or town) (State or country) Baltimore Md17. INFORMANT Mr. Douglas Freeman
(Address) 1317 W. Franklin St18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 9-16 193619. UNDERTAKER George T. O. Gibson
(Address) 1736 N. E. Hillman20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 193622. I HEREBY CERTIFY That I attended deceased from Nov 3, 1936 to Nov 13, 1936I last saw her alive on Nov 13, 1936 death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes MellitusOther contributory causes of importance: Gangrenous Abscess (ano-rectal)Name of operation Cure Date of _____What test confirmed Diabetes Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) D. J. Hughes
(Address) 1413 N. Hillman

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29077

F 29077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward) *17-1*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *404 N. Pine St.* St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3/12/1910*7. AGE Years *26* Months *7* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Actress* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Washington* (State or country) *D.C.*13. NAME *Luther Gray*14. BIRTHPLACE (city or town) *California* (State or country)15. MAIDEN NAME *Virginia*16. BIRTHPLACE (city or town) *Virginia* (State or country)17. INFORMANT *Virginia Gray* (Address) *404 N. Pine St.*18. BURIAL, CREMATION, OR REMOVAL Place *Abolition* Date *4/16/36*19. UNDERTAKER *Wm. J. Jackson* (Address)

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 13, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Exhumation* thereon and from the evidence obtained by said *Exhumation* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stab wound of heart and left lung.

Other contributory causes of importance:

*Hemorrhage*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Clinal* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Homicide* Date of injury *11/13/36*Where did injury occur *Colvin St. & E. Baltimore, Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Stabbed in chest with*Nature of injury *a large Scott Knife*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Orskov* Coroner M. D.(Address) *1919 E. North Ave*

OCCUPATION is very important. See instructions on back of certificate.

v s s

OV 15 1936

F 29078 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29078

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Leroy Rohrer

Registered No. 106-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. Bonboro, md St., 1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1 - 1935

7. AGE Years 1 Months 14 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mm.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md (State or country)

13. NAME William E

14. BIRTHPLACE (city or town) md (State or country)

15. MAIDEN NAME Ida Schepers

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Hof Recor. (Address)

18. BURIAL, CREMATION, OR REMOVAL Funerary Md Date 11/18/36
Place

19. UNDERTAKER E. J. Furman (Address) W. Co. Keydorth Md

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1936, to 11-15, 1936

I last saw him alive on 11-14, 1936 Death is said to have occurred on the date stated above, at 3:26 AM

The principal cause of death and related causes of importance were as follows:

Laryngo-tracheo-bronchitis

Date of onset 11-11-36

Other contributory causes of importance:

none

Was an operation performed? no Date of ✓

For what disease or injury?

What test confirmed diagnosis? bronchoscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

E. J. Furman

M. D.

(Address)

Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 29079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29079

CERTIFICATE OF DEATH

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL

CITY OF BALTIMORE: (No.)

St. 12-2 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS ELNA WALTER

(a) Residence: No. BEL AIR, Md. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Smith Walter | | |
| 6. DATE OF BIRTH (month, day, year) April 1914 | | |
| 7. AGE 22 | Years 10 | Months 10 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home |
| 10. Date deceased last worked at this occupation (month and year) Nov 1936 | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) Harford Co., Md | | |
| 13. NAME Morris O. Kornoff | | |
| 14. BIRTHPLACE (city or town) (State or country) Harford Co., Md | | |
| 15. MAIDEN NAME Parris Pyle | | |
| 16. BIRTHPLACE (city or town) (State or country) Harford Co., Md | | |
| 17. INFORMANT Smith Walter (Address) Bel-air, Md. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Arlington, Md. Date Nov. 18, 1936 | | |
| 19. UNDERTAKER H. B. Bailey (Address) Baltimore, Md. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

11/13/36 to 11/15/36

I last saw her alive on 11/15/36. Death is said to have occurred on the date stated above, at 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

Streptococci Sore Throat (hemolytic)
Ludwig's Angina &
Peritonsillar abscess

Date of onset

11/11/36

Other contributory causes of importance:

Was an operation performed? Tracheotomy Date 11/14/36

For what disease or injury? Sudden obstruction to respiration

What test confirmed diagnosis? Throat Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert H. Silver

M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1936

F 29080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29080

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. 17-6 St. Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Boylan

(a) Residence: No. 2739 Maryland Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify War No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1913

7. AGE 23 Years 6 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Immigrant

10. Date deceased last worked at this occupation (month and year) Dec 1936 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

13. NAME Charles L. Boylan

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mary Boylan (Address) 2739 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Eden Valley Minn. Date Nov 17 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 10716 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 25 1936 to 11/14 1936.

I last saw her alive on 11/14 1936 Death is said to have occurred on the date stated above, at 5:40 Pm.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1934
Tuberculosis Peritonitis 1935
Cardio-Vascular Collapse 11-14-36

Other contributory causes of importance:

Cachexia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Louis S. Lewellyn M. D.

(Address) St. Agnes Hospital

F 29081

29081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Linden Ave. 8th Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 1614 Linden Ave. 8th Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Frances M. Byrly WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27th 1866

7. AGE Years 69 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation 1932

12. BIRTHPLACE (city or town) Charlotte N.C. (State or country)

13. NAME Daniel Byrly 14. BIRTHPLACE (city or town) Charlotte N.C. (State or country)

15. MAIDEN NAME Eleanor Jane Weston 16. BIRTHPLACE (city or town) Charlotte N.C. (State or country)

17. INFORMANT Frances M. Byrly (Address) 1614 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Charlotte N.C. Date Nov 16th 1936

19. UNDERTAKER Williams Cook (Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/36

22. I HEREBY CERTIFY, That I attended deceased from 10/31/36 to Nov. 15/36

I last saw him alive on Nov. 15/36 Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

Angina Pectoris. 1931 Coronary Atherosclerosis

Other contributory causes of importance

St. Francis Hospital

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. R. Byrly M. D.

(Address) The Patrobo

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

OV 16 1936

F 29082

29082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Arlington Ave. St. 18-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran, specify War

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 1 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. seamstress 1070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore
10. Date deceased last worked at this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation 24 yrs12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME George L. Bennett14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Lucia Rose Meyer16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFORMANT Ernest Bennett
(Address) 504 N. Arlington Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Union Park Date 11/17 193619. UNDERTAKER 7th Ave
(Address) 1217 8th Ave

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 193622. I HEREBY CERTIFY, That I attended deceased from June 23 1936 to Nov 14 1936.last saw him alive on Nov 13 1936. Death is saidto have occurred on the date stated above, at 11:55 AM

The principal cause of death and related causes of importance were as follows:

Hypertension + infarct of heart
myocardio

Date of onset

2-4 yrs

Other contributory causes of importance:

cerebral apoplexyNov 13Was an operation performed? No Date of —For what disease or injury? —What test confirmed diagnosis? renal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) M. B. Gunn and Good M. D.(Address) 2200 Garrison Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29083 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29083

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 E. 20th St. 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 417 E. 20th St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Howard W. Myers

6. DATE OF BIRTH (month, day, year) Feb 11th 1885

7. AGE Years 51 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked in this occupation (month and year) Sept 1936 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) md

13. NAME Francis W. Hamper

14. BIRTHPLACE (city or town) Balto (State or country) md

15. MAIDEN NAME Laura V. Gorsuch

15. BIRTHPLACE (city or town) Balto (State or country) md

17. INFORMANT Edward M. Hamper (Address) 3038 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Nov 17th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1936 to 11/14/36 1936

I last saw him alive on 11/14/36 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma metastatic Date of onset 4/1/35

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If no, specify

(Signed) Edw Ladd M. D.

(Address) 321 E 20

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED

Registrar

F 29084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29084

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: No. 1722 Johnson

ST. 24th WARD)

2—FULL NAME

Robert M Marsh

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

1722 Johnson

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary Jackson

6 DATE OF BIRTH (month, day, and year)

March 17, 1858

7 AGE

78

Years

Months

7

Days

28

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Carpenter 0015

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Balto md

10 NAME OF FATHER

Wm Marsh

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

W. va

12 MAIDEN NAME OF MOTHER

Margaret Thatcher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

W. va

14

Informant
(Address)Miss Nellie Marsh
1722 Johnson St

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov 15, 1936

17

I HEREBY CERTIFY, That I attended deceased from
May 30, 1936, to Nov. 15, 1936,

that I last saw him alive on Nov. 14, 1936

and that death occurred, on the date stated above, at 7:25 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration
systemic arteriosclerosis
pulmonary edema

(duration) yrs. mos. da.

CONTRIBUTORY
(Secondary)

Arteriosclerosis

(duration) yrs. mos. da.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. John, M. D.

19 (Address) 102 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Mt Olivet Cemetery

DATE OF BURIAL

11/17 1936

20 UNDERTAKER

Margaret L. Lyman

ADDRESS

1422 Light St

F 29085 S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29085

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N Morley ST. 30-7 WARD)

2—FULL NAME

George W. Faulkner

(a) RESIDENCE NO.

27 N. Morley St.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

June 14, 1936

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

10 NAME OF FATHER

Walter S. Faulkner

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Chester Pa.

12 MAIDEN NAME OF MOTHER

Ruth Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Md.

14

Informant

Walter S. Faulkner

(Address)

27 N Morley St

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1936

17

I HEREBY CERTIFY, That I attended deceased from

June 30, 1936, to Nov 14, 1936.

that I last saw him alive on Nov. 14, 1936

and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:

Sepsis - intestinal Toxemia
etiology undetermined as far
as causative organism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Walter Spurrier M.D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

London Park Cem.

DATE OF BURIAL

11/16 1936

20 UNDERTAKER

Margaret G. Flynn

ADDRESS

1422 Light

F 29086

F 29086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Marshall St. 23 Ward)Length of residence in city or town where death occurred life yrs. life mos. life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Margaret Agnes Jager(a) Residence: No. 1212 Marshall St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|------------------|---|
| 3. SEX <u>female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> | | |
| 3a. If married, widowed, or divorced HUSBAND of <u>Casper G. Jager</u> (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, day, year) <u>Aug. 10, 1892</u> | | | | |
| 7. AGE | Years <u>44</u> | Months <u>3</u> | Days <u>4</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | | |
| | | | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME John J. Smith14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Mary E. Hartenstein16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Husband
(Address) 1212 Marshall St.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Date 11/17/3619. UNDERTAKER Margaret G. Lynn
(Address) 11422 1st St20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 193622. I HEREBY CERTIFY. That I attended deceased from Sept. 1936 to Nov. 14, 1936I last saw her alive on Nov. 14, 1936. Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

1927

Other contributory causes of importance:

Hypertension?Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. Duer Moore M. D.(Address) 3105 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

29087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29087

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Julius Pertut

If U.S. Veteran

specify WAR

(a) Residence: No. 697 Gladstone St., use Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, year)

4/7/58

7. AGE

Years 78

Months 7

Days 6

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None - 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dispatcher - Yellow

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Charles Pertut

14. BIRTHPLACE (city or town) (State or country)

Ind -

MOTHER

15. MAIDEN NAME

Adelia Huston

16. BIRTHPLACE (city or town) (State or country)

Kennedy

17. INFORMANT

Records -

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date Nov. 16, 1936

19. UNDERTAKER

Mr. J. Lister & Son

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 3, 1936 to Nov. 13, 1936

I last saw him alive on Nov. 13, 1936 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

11/4/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. Michael Tilghman

M. D.

(Address)

Johns Hopkins Hospital

29088

F 29088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 4-2 Ward)Length of residence in city or town where death occurred 72 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 510 W Fayette

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced

HUSBAND of

~~XXXXXXXX~~ Catherine CatonMay 7th 1864

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

~~XXXX~~ 726~~XXXX~~5~~XXXX~~

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Picture frame Business

10. Date deceased last worked at this occupation (month and year)

Jan 1926

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (city or town) (State or country)

Balto Md.13. NAME Joseph Caton

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Catherine Ellen ?

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place New CathedralDate Nov 16th 1936

19. UNDERTAKER

(Address)

J. J. Freeman & Sons
712 Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 193622. I HEREBY CERTIFY, That I attended deceased from 11-9 1936 to 11-12 1936I last saw him live on 11-12 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Vascular Accident (?)

Date of onset

11-6-36

Other contributory causes of importance:

Arteriosclerotic cardiovascular disease & Auricular fibrillation (?)Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. J. Freeman
Mercy Hosp M. D.

F 29089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29089

CERTIFICATE OF DEATH

✓ 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital 19-3* Ward)Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *KASTANCIA Katherine Putkauskas*(a) Residence: No. *1311 Hollins*

(Usual place of abode)

St., *Ward.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>Female</i> | 4. Color of Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Joseph Putkauskas</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>1897</i> | | |
| 7. AGE <i>39</i> | Years <i>39</i> | Months <i>0</i> |
| | Days <i>0</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tailor</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0080</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) *Lithuania*
(State or country)13. NAME *Not known*14. BIRTHPLACE (city or town) *Lithuania*
(State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Lithuania*
(State or country)17. INFORMANT *Joseph Putkauskas*
(Address) *1311 Hollins St*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *Nov. 17, 1936*19. UNDERTAKER *John Grebliauskas*
(Address) *223 S. Paca. St.*

FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 14*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 9*, 19*36* to *Nov 14*, 19*36*I last saw her alive on *Nov 14*, 19*36* Death is said to have occurred on the date stated above, at *1:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Cardio-respiratory failure due to surgical & anesthetic shock. Date of onset *11-14-36*

Other contributory causes of importance:

Cholecystitis & cholelithiasis 19*35*Was an operation performed? *Yes* Date of *Nov 14, 1936*For what disease or injury? *Cholecystitis & cholelithiasis.*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no.*Signed *H. P. Sellers*(Address) *Woman's Hospital*

M. D.

F 29090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29090

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Brum St. 17-3 Ward)Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 702 Brum

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 116. DATE OF BIRTH (month, day, year) Mar 19, 19357. AGE 1 Years 7 Months 24 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) None11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Arthur Laker14. BIRTHPLACE (city or town) Baltimore Md (State or country)15. MAIDEN NAME Mabel Collins16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT Mabel Laker(Address) 702 Brum St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 16, 193619. UNDERTAKER Mrs Leticia R. Williams(Address) 5228 Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came death on the day stated above, 10 am

The principal cause of death and related causes of importance were as follows:

Date of onset

Anemic
Malnutrition

Other contributory causes of importance:

Undernourished

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cham(Address) 1210 Waverly

Coroner

M. D.

FILED

19

Registrar.

F. D. 29091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29091

CERTIFICATE OF DEATH

✓ 107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President* St. *16-1* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Bernard Banks*
1012 Brantley Ave.
(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *CW* 5. Single, Married, Widowed, or *S* (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 24-36*7. AGE Years *6* Months *18* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)

FATHER

13. NAME *Clarence Banks*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)

MOTHER

15. MAIDEN NAME *Lucille Baumer*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Lucille Banks*(Address) *1012 Brantley Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Auburn* Date *Nov 16, 1936*19. UNDERTAKER *Mrs Katie R Williams*(Address) *322 N. Schroeder St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-14-1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held and buried them, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Date of onset

*11/14/36*Other contributory causes of importance: *none*Was an operation performed? *no* Date ofFor what disease or injury? *no* Date ofName of operation *no*What test confirmed diagnosis *no* Was there an autopsy *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *no*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *E. S. Allen*(Address) *507 Annapolis St*

M. D.

Registrar

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F. 29092

F 29092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *on steps at 1512 Loring Ave* Registered No. _____
 CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)
 Length of residence in city or town where death occurred *41* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME *Carl Washington* If U. S. Veteran _____ specify WAR _____
 (a) Residence: No. *1014 Shields Place* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Col</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Single</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>March 18 1895</i> | | |
| 7. AGE <i>41</i> | Years <i>7</i> | Months <i>26</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Barber</i> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md</i> | | |
| 13. NAME <i>Samuel White</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md</i> | | |
| 15. MAIDEN NAME <i>Kate Washington</i> | | |
| 16. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md</i> | | |
| 17. INFORMANT <i>Virginia Lee</i> (Address) <i>1014 Shields Alley</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>National Cem</i> Date <i>Nov 18</i> 19 <i>36</i> | | |
| 19. UNDERTAKER <i>Mrs Katie R. Williams</i> (Address) <i>22 S. Schroeder St</i> | | |
| 20. FILED _____ 19 _____ Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 14 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) _____ obtained by said _____ find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry) *1245 AM*

The principal cause of death and related causes of importance were as follows: *Coronary Thrombosis*

Other contributory causes of importance: *Probably Arterio*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *W. H. H. H.* M. D.
 (Address) *1210 W. H. H.* Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29093

F 29093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 941 E Chase Street

CITY OF BALTIMORE: (No. 10-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Frankholz

If U. S. Veteran specify WAR

(a) Residence: No. 941 E. Chase St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Catherine (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1 - 1856

7. AGE Years 80 Months 3 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Canner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Frankholz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna Rice

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Catherine Frankholz (Address) 941 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Church Date Nov. 17, 1936

19. UNDERTAKER Henry Frank Jones, Inc (Address) 1301 E. Eager St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH 12:30 AM

21. DATE OF DEATH (month, day, year) 11-14-36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured skull

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 11-2, 1936

Where did injury occur Chase & Cross St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while

Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased?

(Signature) M. D.

(Address) 907 N. Charles

F 29094

F 29094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 n Eden St., 5-1 Ward)Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Hubert Jafferis(a) Residence: No. 16 n Eden St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Jafferis6. DATE OF BIRTH (month, day, year) 18847. AGE 52 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laboree9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va13. NAME Hubert14. BIRTHPLACE (city or town) (State or country) W.R.15. MAIDEN NAME Margaret Jafferis16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Lilly Jafferis (Address) 16 n Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place My Calvary Cemetery Date 11-17-193619. UNDERTAKER Bazooka Mamic Jr. Wright (Address) 1301 McElderry St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-3622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Arteriosclerosis11/13/36

Other contributory causes of importance:

Was an operation performed? no Date ofFor what disease or injury? noName of operation no Date ofWhat test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.(Address) 507 Chesapeake St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. D. 29095

F 29095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St., *1-5* Ward)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME *Bertha Mary Kozmowski*(a) Residence: No. *24 S. Patterson Pl. Ave.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced *HUSBAND* (or) WIFE of *Frank Kozmowski*6. DATE OF BIRTH (month, day, year) *1860*7. AGE Years *76* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *John Robt S*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Anna Knoll*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Frank Kozmowski* (Address) *24 S. Patterson Pl. Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross* Date *Nov. 17 1936*19. UNDERTAKER *W. Ozazowski* (Address) *1930 Eastern Ave.*20. FILED 19 *11/17/36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 14, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Autopsy* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Autopsy* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*(Address) *1914 E. North Ave.*

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F. 29096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 29096

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Southern Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma Saylor(a) Residence: No. 2801 Southern Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIsaac Saylor6. DATE OF BIRTH (month, day, year) Dec. 11, 18667. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 10 11 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa

13. NAME

John Moser

14. BIRTHPLACE (city or town) (State or country)

Pa

15. MAIDEN NAME

Rebecca Harp

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Mrs. Lillie Boston(Address) 2801 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Uster W. Pa Date 11/17 1936

19. UNDERTAKER

Howard N. Blight Jr(Address) 4914 Belair Road

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14, 193622. I HEREBY CERTIFY, That I attended deceased (from Aug. 18, 1936, to Nov. 14, 1936)I last saw him alive on Nov. 14, 1936 Death is said to have occurred on the date stated above, at 5:25 PM

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Interst. Nephritis
Myocarditis

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia11-10-36Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Michael Brownfeld M. D.(Address) 5401 Belair Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

F 29097 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29097

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Clifton Ave. St. 15-6 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME JOHN BYRD NORRIS

(a) Residence: No. 3111 Clifton Ave. St. 15-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie C. Ritzberger

6. DATE OF BIRTH (month, day, year) Sept. 17, 1861

7. AGE Years 75 Months 1 Days 27 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist supplies
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045
10. Date deceased last worked at this occupation (month and year) 0045
11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) Berryville Va.
(State or country)

13. NAME John Byrd Norris

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Alice Latimer

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT George W. Norris
(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 17, 1936

19. UNDERTAKER John O. Mitchell Sons
(Address) 1000 Rutaw Place

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936 to Nov. 14, 1936

I last saw him alive on Nov. 14, 1936 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilation

Date of onset 11/14/36

Other contributory causes of importance Chronic nephritis

?

Was an operation performed? No Date of -

For what disease or injury? -

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury 19

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. B. McElwain M. D.

(Address) 31 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 29098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Abbottston St. 9-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1618 Abbottston St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Mrs. S. Rochiccioli (or) WIFE of _____6. DATE OF BIRTH (month, day, year) July 7, 18687. AGE Years 68 Months 4 Days 6 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Italy (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Italy (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Italy (State or country)17. INFORMANT S. P. Rochiccioli (Address) 1618 Abbottston St.18. BURIAL, CREMATION, OR REMOVAL Place Home Date Nov. 5, 193619. UNDERTAKER Fred S. Hoare & Sons (Address) 216 S. Charles St.

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul M. M. M.(Address) 1918 S. North Ave.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 29099

F 29099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Caroline St., 3-1 Ward)Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 110 S. Caroline St., 3-1 Ward.

(Usual place of abode)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 If U. S. Veteran
 specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed,
 or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
 HUSBAND of Joseph W. White
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1864

7. AGE Years 72 Months 6 Days 17 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Home

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. 8037

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) Wittman Md.

13. NAME Wm. Brown and

14. BIRTHPLACE (city or town)
 (State or country)

15. MAIDEN NAME Mary Ann Benson and

16. BIRTHPLACE (city or town)
 (State or country)

17. INFORMANT Wm. E. White (son)
 (Address) 2033 McCulloch St.

18. BURIAL, CREMATION, OR REMOVAL
 Place Mt. Zion Cemetery Date Nov. 17, 1936

19. UNDERTAKER Thos. G. White
 (Address) 110 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1936
 22. I HEREBY CERTIFY, That I attended deceased from
Sept 12, 1936 to Nov 12, 1936

I last saw him alive on Nov 12, 1936 Death is said
 to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of
 importance were as follows:

Cerebral Hemorrhage
& Hemiplegia.

Date of onset

Nov 8, 1936

Other contributory causes of importance:

Arterial Insufficiency,
Hypertension

Sept 12, 1936

Was operation performed? no Date of _____

For what disease or injury?

Name of operation physical

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
 lowing: _____ Date of injury _____, 19____

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public
 place _____ (Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____

(Signed) R. J. Young

(Address) 1429 E. Monument St.

Registrar

NOV 18 1936

OCCUPATION is very important. See instructions on back of certificate.

F 29100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Southern Avenue St. 27-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George F. Blome

(a) Residence: No. 2710 Southern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Rose E. Blome
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1868

7. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
38 10 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frederick G. Blome

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Christina Meyer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. George Schmalback (Address) 2710 Southern Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 14, 1936

Henry Sander & Son Inc.
Baltimore & Broadway

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936, to Nov 12, 1936

I last saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Nov 12

Other contributory causes of importance:

Arteriosclerosis

Chronic Arteriosclerosis

Was an operation performed?..... Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herman J. Green M. D.

(Address) 1400 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

29101

F 29101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4423 Park Heights Ave Ward 5-13)Length of residence in city or town where death occurred 4 yrs. 1 mo. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4423 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Mary F. Barber</u> (or) WIFE of <u> </u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>July 4 1956</u> | | |
| 7. AGE | Years <u>80</u> | Months <u>4</u> |
| | Days <u>13</u> | If LESS than 1 day. hrs. <u>12</u> or min. <u> </u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labour 0040</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

| | |
|--------|---|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Fredrick Co</u> |
| | 13. NAME <u>Harley Barber</u> |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) <u>Fredrick Co</u> |
| | 15. MAIDEN NAME <u>Marcella Barber</u> |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Fredrick Co</u> |

| |
|---|
| 17. INFORMANT <u>Mary F. Barber</u> (Address) <u>4423 Park Heights Ave</u> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>David Ridge</u> Date <u>Nov 19 1936</u> |
| 19. UNDERTAKER <u>J. F. L. Sons</u> (Address) <u>1821 Rutland Rd.</u> |

20. FILED

116 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 193622. I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1936 to Nov 16th 1936I last saw him alive on Nov 16th 1936 Death is said to have occurred on the date stated above, at 430 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation

Date of onset

2

Other contributory causes of importance:

Atherosclerosis?Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John A. Barber
4803 Park Heights Ave

M. D.

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 29102

F 29102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins - Caton* St. *10-5* Ward)
 Length of residence in city or town where death occurred *4* yrs. *13* mos. *23* ds. How long in U. S. If of foreign birth? *4* yrs. *13* mos. *23* ds.
 2. FULL NAME *Baby Gertrude Ritter*
 (a) Residence: No. *2112* *Ashton* St., *10-5* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. *87-B*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>single</i> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>June 22-1936</i> | | |
| 7. AGE Years <i>2</i> | Months <i>4</i> | Days <i>23</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Ind</i> | | |
| 13. NAME <i>Ray C. Ritter</i> | | |
| 14. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Maryland</i> | | |
| 15. MAIDEN NAME <i>Mathew E. Schuch</i> | | |
| 16. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Maryland</i> | | |
| 17. INFORMANT <i>Ray C. Ritter</i> (Address) <i>2112 Ashton St.</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>St. Charles Em.</i> Date <i>Nov. 17, 1936</i> | | |
| 19. UNDERTAKER <i>St. B. Thickett & Son</i> (Address) <i>300 Eastmonte Place</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 14, 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept. 4, 1936* to *Nov. 14, 1936*.
 I last saw him alive on *Nov. 14, 1936* Death is said to have occurred on the date stated above, at *11:05* m.

The principal cause of death and related causes of importance were as follows:

Idiopathic Meningeal Hemorrhage
Hemorrhagic Encephalitis
Post-encephalitic adhesions

Date of onset
9-4-36

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Nov. 7, 1936*

For what disease or injury? *Cerebellar Exploration*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) *Lawrence J. Shisaneck* M. D.

(Address) *St. Agnes Hospital*

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

NOV 16 1936

F 29103

18658

F 29103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Dora Dunnigan

If U. S. Veteran

specify WAR

(a) Residence: No. 1214 S. Paca St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **James**6. DATE OF BIRTH (month, day, year) **5-8-1862**

| | | | | |
|---------------------|-------------------|--------------------|------------------|--|
| 7. AGE 74 | Years 6 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min. |
|---------------------|-------------------|--------------------|------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Unknown**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **0087**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **England**
(State or country)13. NAME **James Caines**14. BIRTHPLACE (city or town) **England**
(State or country)15. MAIDEN NAME **Julia Chick**16. BIRTHPLACE (city or town) **England**
(State or country)17. INFORMANT **B. C. H. Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place **Put Christ**Date **Nov 16/36**

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **11-14**, 19**36**22. I HEREBY CERTIFY. That I attended deceased from **11-12**, 19**36** to **11-14**, 19**36**I last saw h. **e.g.** alive on **11-14**, 19**36** Death is said to have occurred on the date stated above, at **3:20 Am.**

The principal cause of death and related causes of importance were as follows:

Diarrhea non-specificDate of onset
11-10-36

Other contributory causes of importance:

Was an operation performed? **No**

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John F. Trayner
Baltimore City Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

OV 16 1936

29104
D. E. 1263-9

✓ F 29104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City* St. *12* Ward *1st*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2303* *Hunter* St., *Ward*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *John*6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years *26* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *1970*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Robert Johnson*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Alice Moody*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Henry Johnson*
(Address) *421 E. 23rd St.*18. BURIAL, CREMATION, OR REMOVAL *Mount Calvary Cemetery*
Place *Nov 16 1970*19. UNDERTAKER *Adolphus Halstead*
(Address) *88 S. 1st St.*20. FILED *15 1970*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 11 1970*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquiry* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Data of onset

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. M. Wright* Coroner M. D.(Address) *1010 S. 1st St.*

F 29105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29105

1. PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert E. Albi

If U. S. Veteran specify WAR.

(a) Residence: No. 1026 Warden St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Albi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concettina Sala

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Louis Albi 1026 Warden St. (Address)

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem Nov. 16, 1936 Place

19. UNDERTAKER Frank Della Rose (Address) 52 N. Mosley St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/36

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchitis-pneumonia (Primary)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1919 E. North Ave

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly assessed. See instructions on back of certificate.

v s s

NOV 16 1936

F 29106

F 29106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hopt. St. 18-2* Ward)Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *229 W. Calhoun Street*

(Usual place of abode)

St. *6* Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Chief*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Chief*6. DATE OF BIRTH (month, day, year) *1931*7. AGE *5* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chief*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chief*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Kentucky*13. NAME *Arnold Phillips*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Veronica Henry*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park Cemetery* Date *11/16/1936*19. UNDERTAKER *E. J. Framing*(Address) *1938 E. Lafayette Ave.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 15, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Nov. 12 - 1936* to *Nov. 15 - 1936*I last saw her alive on *Nov. 15 - 1936* Death is said to have occurred on the date stated above, at *5:05 A.*

The principal cause of death and related causes of importance were as follows:

Meningitis (Tuberculous)

Date of onset

Other contributory causes of importance:

*Secondary Quercinia
Tuberculous Osteitis of vertebrae*Name of operation *None* Date of *✓*What test confirmed diagnosis? *Egon* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓*, 19Where did injury occur? *✓* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *William Hollister*(Address) *Franklin Square Hospital* M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 29107

F 29107 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 S. Bimney St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katarzyna Kordonski

If U. S. Veteran

specify WAR

(a) Residence: No. 1007 S. Bimney St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX female | 4. Color of Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of valentyn | | |
| 6. DATE OF BIRTH (month, day, year) 1870 | | |
| 7. AGE 66 | Years 66 | Months Days If LESS than 1 day,hra. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Bronch pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

10105. Elm St. M. D.

29. FILED

19

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate.

F 29108 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Catfield St. 15-9 Ward)

Length of residence in city or town where death occurred: yrs. 49 mos. 4 ds. How long in U. S. If of foreign birth: yrs. 49 mos. 4 ds.

2. FULL NAME

Salomon Finneran

(a) Residence: No. 3302 Catfield St., 15-9 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 1. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 3a. If married, widowed, or divorced, give name of HUSBAND or WIFE <u>Mary Finneran</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>1874</u> | | |
| 7. AGE <u>62</u> | Years <u>62</u> | Months <u>02</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Re Embroider</u> | | 11. Total time (years) spent in this occupation <u>20</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sales</u> | | |
| 10. Date deceased last worked at his occupation (month and year) | | |

12. BIRTHPLACE (city or town, State or country)
Russia

13. NAME
Joel Finneran

14. BIRTHPLACE (city or town, State or country)
Russia

15. MAIDEN NAME
Pessia Tobia

16. BIRTHPLACE (city or town, State or country)
Russia

17. INFORMANT
Mary Finneran

18. BIRTH, CREMATION, OR REMOVAL
11-16-33

19. UNDERTAKER
John Lewis & Co

20. FIELD
1439 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Nov 15, 1936

I last saw him alive on Nov 15, 1936 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
myocarditis

Date of onset

1 yr

Other contributory causes of importance:

Angina

Was an operation performed? no Date of ✓

For what disease or injury?

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1936

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Blas F Blake M. D.

(Address) 20 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

NOV 16 1936

Registrar

29109-1268-9

✓ F 29109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

George S. Kuebler(a) Residence: No. 1276 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Emma
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 23 18857. AGE Years 51 Months 4 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bilder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. picture frame
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) MD.13. NAME Herman F.14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Margaret V. Dominger16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mrs. Emma Kuebler
(Address) 1276 Washington Blvd.18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery No. 17 193619. UNDERTAKER Chas. P. Howell
(Address) 2421 Calumet Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute cardiac dilatation

Other contributory causes of importance:

cardiac hypertrophy

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner M. D.

(Address)

206 FILED

19

Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

VS 6

116 1936

✓ F 29110

F 29110 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 46-11 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Peter H. Oliphant(a) Residence: No. 1126 S. Highland Ave. St., 46-11 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16/19187. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Harry Oliphant14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Anna Miller16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT Anna Oliphant Adams, Mother
(Address) 1126 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Nov. 17, 193619. UNDERTAKER Lilly & Zander
(Address) 407 S. 23rd St.20. FILED 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Data of onset
11-13Fractured Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc Date of injury 11/13/36Where did injury occur North Point Road near 709
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

24. Was disease or injury in any way related to occupation of deceased?

Manner Run into Cul-de-sac
Place North Point Road near 709

25. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert G. G. Auto M. D.(Address) 817 W. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

v s 6

291111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 291111

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *MS Hope Retreat* St. *28-1* Ward)Length of residence in city or town where death occurred *2* yrs. *0* mos. *1* ds. How long in U. S. If of foreign birth? *40* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *MS Hope Retreat* St., *Atlantic City* Ward. *47*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *NONE*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *William Hayes* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec-8-1888*7. AGE Years *47* Months *11* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Ireland* (State or country)13. NAME *Thomas Stack*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Nora Donohue*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *MS Hope Retreat* (Address) *Baltimore*

18. BURIAL, CREMATION, OR REMOVAL

Place *Philad Pa* Date *7/16/36* 1919. UNDERTAKER *Stewart-Walker Co* (Address) *108 W. Mont Ave.*20. FILED *167030* 19 *36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 15, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above. *3:50 P.M.*

The principal cause of death and related causes of importance were as follows:

manic depressive psychosis Date of onset *1934*

Other contributory causes of importance:

Rashitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. M. D.* Coroner(Address) *1216 N. Main St.*

OCCUPATION is very important. See instructions on back of certificate.

F 29112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Lorman St. St. 15-2 Ward)Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred a life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1702 Lorman St. St. 15-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced HUSBAND OF (or) WIFE of George Wiggins

6. DATE OF BIRTH (month, day, year)

7. AGE Approx 65 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME John M. Sullivan14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Rachel Worsey16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Miss Emma Murphy (Address) 628 S. Taca St.18. BURIAL, CREMATION, OR REMOVAL Int. Guburny Place Nov 17, 1936 Date19. UNDERTAKER Robert H. Young (Address) 804 N. Calaling St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 193622. I HEREBY CERTIFY. That I attended deceased from Sept 2 1936 to Nov 13 1936I last saw her alive on Nov 13, 1936 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma breast (left) Date of onset Probably 1 yr.

Other contributory causes of importance:

Bronch pneumonia 11/11/36Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. Young M. D.(Address) 144 2nd Street

OCCUPATION is very important. See instructions on back of certificate.

NOV 16 1936

19

Registrar.

F 29113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 29113

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St., 8-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Dalton P. Salvage*(a) Residence: No. *1216 N. Bradford St.* St., *8-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Lillian E. Salvage*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 1, 1906*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*30 9 12*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Steel Die Engraver*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *Nov. 16, 1936*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*FATHER 13. NAME *Charles M. Salvage*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*MOTHER 15. MAIDEN NAME *Nannie R. Wright*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*17. INFORMANT *Lillian E. Salvage*
(Address) *1216 N. Bradford St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore Cem.* Date *Nov 16, 1936*19. UNDERTAKER *George W. Dinkler*
(Address) *1737 E. Sagor St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 13, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to his death on the day and at the place above.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul P. Chamber* Coroner(Address) *1919 E. North Ave*

M. D.

See instructions on back of certificate. OCCUPATION is very important.

29114

268-9

✓ F 29114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Etting St. St. 17-K Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Nellie Carter

(a) Residence: No. 1118 Etting St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------|-----------------------------|--|
| 3. SEX F. | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|--------------|-----------------------------|--|

| | |
|--|---------------|
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | Arthur Carter |
|--|---------------|

6. DATE OF BIRTH (month, day, year) March 8, 1888

| | | | | |
|--------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
| 48 | 8 | 6 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) New Port, Pa.
(State or country)

13. NAME William Philips

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Fannie Green

16. BIRTHPLACE (city or town) Richmond, Va.
(State or country)17. INFORMANT Margarite Watts
(Address) 1818 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov 16, 1936

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED 11-18-1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/11/1936 to 11/12/1936

I last saw h. or alive on 11/11/36, 19. Death is said to have occurred on the date stated above, nt 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Acute Nephritis

Date of onset

Nov.

1936.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Louis Jones M. D.

(Address) 1100 Brook Hill Ave

29115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29115

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *12-7* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

3045 Huntingdon Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 2, 1936*7. AGE Years *0* Months *2* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Joseph P. Roemer*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Catherine Hecker*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Joseph P. Roemer* (Address) *Baltimore, Maryland*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *10/10* 19*36*

19. UNDERTAKER

(Address) *Leonard J. Ruck* *5305 Reister Rd.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 15*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *October 27*, 19*36* to *Nov. 15*, 19*36*I last saw him alive on *November 15*, 19*36* Death is said to have occurred on the date stated above, at *4:50* A.M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset *11/12/36*

Other contributory causes of importance:

Multiple Congenital Deformation *Septicemia*
*Malnutrition, dehydration, diarrhea*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph E. Ruck* M. D.(Address) *Univ. Hospital, Balt., Md.*

OCCUPATION is very important. See instructions on back of certificate.

F 29116

HEALTH DEPARTMENT—CITY OF BALTIMORE 18580

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. H-3 Ward)Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Delia Greenard(a) Residence: No. 2008 Division St. St., 131 Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widow5a. If married, widowed, or divorced
HUSBAND of Walter
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/2/18747. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Brenton Cardiner14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Marie ?16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. H-3 Date Nov. 16, 193619. UNDERTAKER Mrs. George H. Holland
(Address) 1601 David Hill Ave

20. FILED

16 1936

D p.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-193622. I HEREBY CERTIFY, That I attended deceased from 11-9-1936 to 11-12-1936I last saw h. et alive on 11-12-1936 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Uremia
Hypertensive Cardio-vascular
Renal disease

Date of onset

1 mth1 yr +

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis? NO Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. NO disease or injury in any way related to occupation of deceased?(Signed) John J. Rainey(Address) Baltimore City Hospital

F 29117

✓ F. 29117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 Dalphin St. 11-4 Ward)Length of residence in city or town where death occurred 7 yrs. 6 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Louise Julia Arnold

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 333 Dalphin St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 18617. AGE Years 75 Months 6 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Richard Hugo Arnold14. BIRTHPLACE (city or town) Salon (State or country) Germany15. MAIDEN NAME Mary Amelia Borchelt16. BIRTHPLACE (city or town) Hanover (State or country) Germany17. INFORMANT Miss Emma Arnold (Address) 333 Dalphin st18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Nov 17 193619. UNDERTAKER Chas. S. Black (Address) 742 W. North ave20. FILED Nov 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 26 1932 to Nov 15 1936
I last saw him alive on Nov 14 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary insufficiency

Data at onset

4 years

Other contributory causes of importance:

none

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. C. Pettigrew

M. D.

(Address)

817 Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 29118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29118

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hsp 27-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna C. Wilson

If U.S. Veteran

specify WAR

(a) Residence: No.

2801 Rosalie Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *George W. Wilson* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

*Jan 3/1877*7. AGE Years *59 yrs* Months *10* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind.

13. NAME

Chas. Appleby

14. BIRTHPLACE (city or town) (State or country)

Ind.

15. MAIDEN NAME

Anna Webb

16. BIRTHPLACE (city or town) (State or country)

Ind.

17. INFORMANT

Geo. W. Wilson

(Address)

2801 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Calverton Cem Date *11/17/36*

19. UNDERTAKER

Phelps Newing Sons

(Address)

2016 Park Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Nov 15, 1936*22. I HEREBY CERTIFY, That I attended deceased from *11/13/36* 19 to *11/15/36* 19.I last saw her alive on *11/15/36* 19. Death is said to have occurred on the date stated above, at *2:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Cardiac failure *11/14/36*
intestinal obstruction *11/12/36*

Other contributory causes of importance:

Was an operation performed?

yes

Date of

11/13/36

For what disease or injury?

intestinal obstr.

What test confirmed diagnosis?

Operation

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. W. H. King
of M. No. 1

M. D.

16 1936

Phelps Newing Sons
2016 Park Ave
H

OCCUPATION is very important. See instructions on back of certificate.

✓ F 29119 17835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10 Ward)

length of residence in city or town where death occurred. life.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.
If U. S. Veteran

2. FULL NAME John Bartell

(a) Residence: No. 320 S. Lehigh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

C. DATE OF BIRTH (month, day, year) 1-13-1925

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hra. or ____ min. |
| | 11 | 10 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

13. NAME John Bartell

10. BIRTHPLACE (city or town).....
(State or country)..... Md.

| | |
|-----------------|-----------------------------------|
| 15. MAIDEN NAME | Anna Switzer Schweiger |
|-----------------|-----------------------------------|

16. BIRTHPLACE (city or town)
(State or country) Md.

| | |
|---------------|------------------|
| 17. INFORMANT | Hospital Records |
| (Address) | |

18. BURIAL, CREMATION, OR REMOVAL.

Place MT. Carmel Date 4/11/07

19. UNDERTAKER *Philip Herwig sons*
(Address) *2016 Orleans V St*

RECEIVED - 1953

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from
10-11, 1936 to 11-15, 1936

I last saw him alive on 11-15, 1936 Death is said
to have occurred on the date stated above, at 10:52 a.m.

The principal cause of death and related causes of importance were as follows: .

| | |
|---------------------------|-------|
| Pyelonephritis left | 2 mo. |
| vesical calculi (bladder) | 2 mo. |

Other contributory causes of importance:

Secondary causes 2ms.

Was an operation performed? yes Date of 12-2-61

For what disease or injury? *Liberal Callosities*
Removal of warts Date of *10-27*

Name of operation Amputation

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in pub

place _____
Manner of injury _____

| | |
|------------------|--|
| Manner of Injury | |
| Nature of Injury | |

24. Was disease or injury in any way related to occupation of deceased?

11 SO, SPECIES

(Signed) *W. A. Hooper* M.

(Address) Balt. City Hosp.

F 29120

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 29120

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto. 3rd Ward*)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *4* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emily Scherer

If U. S. Veteran specify WAR

(a) Residence: No. *1007 Beechfield Ave*Ward. *Arbutus, Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Wm. C. Scherer*6. DATE OF BIRTH (month, day, year) *Jan 31, 1883*7. AGE Years *53* Months *11* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book-keeper*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad office*10. Date deceased last worked at this occupation (month and year) *Nov, 1936* 11. Total time (years) spent in this occupation *18*12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *William Anderson*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Regina Gish*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Mr. Ruxton C. Scherer* (Address) *3718 Ferndale Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *Nov. 11, 1936*19. UNDERTAKER *Wm. J. Tiekert* (Address) *North Baltimore*

20. FILED 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 15, 1936*22. HEREBY CERTIFY, That I attended deceased from *Nov 11, 1936* to *Nov 15, 1936*I last saw her alive on *Nov 14, 1936* Death is said to have occurred on the date stated above, at *3:00 pm*.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease

Other contributory causes of importance:

Pulmonary Edema

Date of onset

*?*Was an operation performed? *No* Date ofFor what disease or injury? *none*

Name of operation Date of

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Milton R. Stern

M. D.

(Address)

Arbutus, Md.

OCCUPATION is very important. See instructions on back of certificate.

E 29121

82-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 5703 Hayes St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov, 4*, 19*34*

22. I HEREBY CERTIFY. That I attended deceased from
Nov 10TH 1936 to Nov. 14TH 1936

I last saw h. su alive on Nov 14th, 1936. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset:

Importance were as follows:

Apoplexy from
which I ~~lost~~ never
regained consciousness -
uræmia.

Other contributory causes of importance:

Other contributory causes of importance: Arteriosclerosis
senility

Name of operation..... *W. H. H.* Date of

What test confirmed diagnosis? Chemist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury.....

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) W. J. Boyerly, M. D.

(Address) 3045 North *

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9122

1268-9

✓ F 29122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 Bank St. St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Parick(a) Residence: No. 1742 Bank St. St., 2-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 1-18667. AGE Years 70 Months 8 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Chas H. Parick14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Elizabeth L. Parick16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Carrie E. Chaney
(Address) 1714 Cole St.18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date Nov 18 193619. UNDERTAKER Joseph S. Saylor
(Address) 1600 W. North Ave.20. FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1936 to Nov. 15 1936I last saw her alive on Nov. 15 1936 Death is said to have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia2 days

Other contributory causes of importance:

Pneumonia1 wkName of operation None Date of NovWhat test confirmed Asperger's Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas. J. Keer M. D.(Address) 408 2nd Ave

See instructions on back of certificate.

v. 5.3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213D)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 56-6

(Usual place of abode)

Registered No. 213D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) 18957. AGE Years 41 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Cook 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. City Rifles 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Madras13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ship's records (S.S. City Rifles)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not knownDate 11/16 193619. UNDERTAKER Isaiah C. Brown for(Address) 1016 North Ave20. FILED 1036

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

drowning

Other contributory causes of importance:

Was an operation performed? all disease Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident Date of injury Nov 11, 1936Where did injury occur? Pier 1, Union P. S. S. S. S. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place in homeManner of injury Fell overboard while going on ship

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright(Address) 1010 S. E. Ave

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

29124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 29124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N. Central Ave. Ward 9)Length of residence in city or town where death occurred 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1325 N. Central Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Katherine Neary
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18567. AGE 80 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 192411. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME F. M. Neary14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Patrick Neary
(Address) 1325 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place new Catholic Date 11/17/3619. UNDERTAKER John A. Nolan
(Address) 3000 E. Baltimore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4, 193622. I HEREBY CERTIFY That I attended deceased from 11.7.36 to 11.4.36I last saw him alive on 11/4, 1936 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows

Broncho-PneumoniaDate of onset 11.7.36

Other contributory causes of importance:

Arteriosclerotic Cardio-vascular disease

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Joseph S. Blum1206 E. Boston St.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29125

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29125

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp. 27-* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *8* yrs. *0* mos. *0* da.

2. FULL NAME

Mrs. Katherine E. Forster(a) Residence: No. *3018 Oakcrest Ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of husband or (or) WIFE of *Albert F. Forster*6. DATE OF BIRTH (month, day, year) *May 16, 1896*7. AGE Years *40* Months *6* Days *5* If LESS than 1 day, hrs. *29* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hw. F.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*10. Date deceased last worked at this occupation (month and year) *Oct, 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Penna.*13. NAME *John J. Gammel*14. BIRTHPLACE (city or town) (State or country) *Penna.*15. MAIDEN NAME *Elizabeth Swartz*16. BIRTHPLACE (city or town) (State or country) *Penna.*17. INFORMANT *Albert F. Foster* (Address) *3018 Oakcrest*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood* Date *Dec 19* 19*36*19. UNDERTAKER *Harry H. White* (Address) *1101 Eldonwood Ave.*

20. FILED

1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 15* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 31* 19*36* to *Nov. 15* 19*36*I last saw him alive on *Nov. 15* 19*36* Death is said to have occurred on the date stated above, at *6:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Pulmonary embolism
Rheumatic heart disease
Caesarian section*

Date of onset

*11-15-36**?**11-3-36*

Other contributory causes of importance:

Was an operation performed? *Caesarian* Date of *11-3-36*For what disease or injury? *Decompensated
rheumatic heart disease.*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *A. Austran* M. D.(Address) *St. Joseph's Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

F 29126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 29126

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Gilmor St. St. 19-3 Ward)Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Pauline C. Dales

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

417 S. Gilmor St.

St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Late Salvador J. Dales
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 12, 1861.7. AGE 75 Years 1 Months 2 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New York
(State or country) _____13. NAME Trakoval14. BIRTHPLACE (city or town) Bohemia
(State or country) _____15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Bohemia
(State or country) _____17. INFORMANT Mr. Joseph J. Dales,
(Address) 417 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 17, 1919. UNDERTAKER
(Address) Harry H. Witzke
4101 American Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 3 to Nov 12, 1936I last saw him alive on Nov 12, 1936. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Nov 8

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation ✓ Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19 _____Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. J. Tanker

M. D.

(Address) 119 N. Miller St

OCCUPATION is very important. See instructions on back of certificate.

6-1836

29127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 29127

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Chapel St., 7-5 Ward)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edith Evans

If U. S. Veteran specify WAR

(a) Residence: No. 532 N. Chapel St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Paul Evans (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1901

7. AGE Years 35 Months 9 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 37

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Daniel Clemens

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Margaret Clemens

(Address) 532 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthew Date Nov. 17, 1936

19. UNDERTAKER

(Address) 1405

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address) 1919 E. North Ave.

Coroner M. D.

F 29128

F 29128

HEALTH DEPARTMENT—CITY OF BALTIMORE 18125

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 117-1 Ward)Length of residence in city or town where death occurred 35 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 13 ds.2. FULL NAME Frank SchulteRegistered No. 137
(If death occurred in a hospital or institution, give its NAME instead of street and number.)If U. S. Veteran No
specify WAR No Record(a) Residence: No. 1620 John St.St., 117-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Clara Schulte
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1/8/18627. AGE Years 74 Months 10 Days 7 If LESS than 1 day, 7 hrs. or 7 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Frank Schulte14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 18th 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 193622. I HEREBY CERTIFY, That I attended deceased from 10-22, 1936 to 11-15, 1936I last saw him alive on 11-15, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of prostateDate of onset 6 mos.

Other contributory causes of importance:

Memoria6 daysWas an operation performed? yes Date of 11-15-36For what disease or injury? Hypertrophy of prostateName of operation Resection of prostate Date of 11-15-36What test confirmed diagnosis? ? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ?, 19?Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) W. H. Hoover M. D.(Address) Balt. City Hosp.

11/17/1936

F 29129 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Patterson Park Ave st., 131 Ward)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

John T. Byrd

(a) Residence: No. 124 S. Patterson Park Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify War

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Byrd

6. DATE OF BIRTH (month, day, year) Aug 20 18 56

7. AGE Years 80 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt

10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Calleigh Byrd

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ida E. Byrd

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ida E. Byrd

(Address) 124 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Home Date 11/17/36

19. UNDERTAKER Wm. L. Paul

(Address) 1217 S. Paul St

20. FILED 11/17/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1936 to Nov 15 1936

I last saw him alive on Nov 15 1936 Death is said to have occurred on the date stated above, at 6:00 AM

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset Nov 13

Other contributory causes of importance:

Arteriosclerosis
Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Geo. L. Philbrick M. D.
126 S. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

29130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29130

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital Baltimore Md. Ward* *25-3*)Registered No. *89-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 yrs.* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.2. FULL NAME *Howard Charles Leuschner*If U.S. Veteran *No Record*
specify WAR(a) Residence: No. *2235 Sidney Ave. Westport St. Md.* Ward. *0*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Jan 17th 1936*7. AGE Years *7* Months *0* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *NONE*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Baltimore City*
(State or country) *Hospital*13. NAME *Ben Arthur Leuschner*14. BIRTHPLACE (city or town) *Tower City*
(State or country) *PENNSYLVANIA*15. MAIDEN NAME *Amelia Marie Johnson*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*17. INFORMANT *Amelia Marie Johnson (Mother)*
(Address) *2235 Sidney Ave. Westport*18. BURIAL, CREMATION, OR REMOVAL
Place *Schwarz* Date *Nov 18th 1936*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*20. FILED *11/18/36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-16-36*22. I HEREBY CERTIFY, That I attended deceased from *November 7, 1936, to November 16, 1936*I last saw him alive on *November 17, 1936* Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:

septicemia

Date of onset

Other contributory causes of importance:

*Bilateral Otitis Media*Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *clin.* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

X 6

If so, specify

(Signed)

Hugh B. McRally, M.D.
(Address) *University Heights*

29131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Phila Rd St. Ward 76-4)Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4315 Phila Rd St. 76-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Jannie M Kavanaugh
(or) WIFE of6. DATE OF BIRTH (month, day, year) April - 18847. AGE Years 52 Months 7 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neeli Tavern
10. Date deceased last worked at this occupation (month, day, year) Nov 13/36 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Ireland13. NAME James Kavanaugh14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Drugg Bracken16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT William J. Young18. ADDRESS 3037 Mt. Eldred St19. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov 17 193620. UNDERTAKER William Cook21. ADDRESS 1217 St Paul St22. FILED 11 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 15 - 3622. I HEREBY CERTIFY, That I attended deceased from Nov - 13 - 1936 to Nov - 15 - 1936I last saw him alive on Nov - 13 - 1936 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Chr. Arterio-sclerosis
Chr. Hypertension
Chr. Nephritis (thrombotic)
Other contributory causes of importance:
Chr. Myocarditis

Date of onset

Nov 14??Oct - 1 - 36??Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William J. Young M. D.(Address) 3228 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

29132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29132

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 Marydell Road St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WINFIELD S. BRUCHEY

If U.S. Veteran

specify WAR

(a) Residence: No. 340 Marydell Road

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Jennie Lenore Bruchey (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1878

7. AGE Years 57 Months 9 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Shipping Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alto, Enamel & Novelty Co. 10. Date deceased last worked at this occupation (month and year) Nov. 17, 1936

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John H. Bruchey 14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Irvin R. Clark (Address) 340 Marydell Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 17-36

19. UNDERTAKER J. B. Shippert & Son (Address) 300 Calvert Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 1 to Nov. 14, 1936

I last saw him alive on 11/14, 1936. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension Acute telomerular nephritis

Other contributory causes of importance:

Uremic coma Partial paraplegia

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Bonelli M. D.

(Address) 4218 Frederick Ave

FILED 11/17/1936

Registrar

29133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 12-1 Ward)Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Harman(a) Residence: No. 3 Chancery Place Gulfport St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Jacob F. Harman
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 20 20th 18577. AGE Years 79 Months 5 Days 25 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Eldersburg, Md.
(State or country)13. NAME John Coffay14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Gilroy16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mrs. Marie Furlong (Neice)
(Address) 2228 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/17/36 1919. UNDERTAKER J. J. Phillips
(Address) 1339 Edmondson Ave.20. FILED 11/17/36 19

Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, Nov. 15. 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to her death on the day stated above 705 Ave.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia11-13 Date of onset 36

Other contributory causes of importance:

Fracture of neck of leftfemur 10-12-36Was an operation performed? No, Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? No.23. If death was due to external causes (violence) fill in also the following: Accidental 10/12/36

Accident, suicide, or homicide? _____

Date of injury 10-12-36 19Where did injury occur? At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury Fell on bedroom floor.Nature of injury Fracture neck of femur.24. Was disease or injury in any way related to occupation of deceased? No, If so, specify _____(Signed) Thos. H. Phillips

Coroner

M. D.

(Address) 1939 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 29134

F 29134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Willis Richie

(a) Residence: No.

2535 E. Biddle

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 22 1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

85 11 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 192411. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) (State or country) Scotland13. NAME William

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Frank Thompson

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Reformed Date Nov 17 193619. UNDERTAKER John Ullrich20. FILED 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertensive pneumonia

Other contributory causes of importance:

Fractured left femur

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Nov 1 1936Where did injury East St Mary's Church St (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at homeManner of injury fractured left femur

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Wright M. D. (Address) 1810 S. E. Moore St

F 29135 HEALTH DEPARTMENT—CITY OF BALTIMORE

#5791

F 29135

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-1 Ward)

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Otto C. Sander

(a) Residence: No. 19 N. Frederick St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-1864

7. AGE Years 72 Months 4 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date Nov. 19, 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Oliver St.

2. FILED

NOV 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1936

22. I HEREBY CERTIFY. That I attended deceased from 2-24, 1936 to 11-16, 1936

I last saw him alive on 11-16, 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis & Cholelithiasis

Date of onset 1 yr.

Other contributory causes of importance:

Coronary failure

Was an operation performed? Yes Date of 11-9-36

For what disease or injury? Chronic cholecystitis

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. C. Horner M. D.

(Address) Balt. City Hosp.

29136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29136

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital - 5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *16* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Rachael Udoff(a) Residence: No. *2205 E. Baltimore* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of face *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *late Rabbi David**1868*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *68* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *Poland*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Louis Furberg*
14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Meriam*
15. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Mrs Esther Kahn*
(Address) *522 S. Howard St*18. BURIAL, CREMATION, OR REMOVAL *Hebrew Cemetery, Washington Rd* *Nov. 17, 1936*19. UNDERTAKER *Pol. L. Williams & Sons*
(Address) *1137 E. Baltimore St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 7, 1936* to *Nov. 16, 1936*I last saw her alive on *11/16/36* Death is said to have occurred on the date stated above at *3:40 P.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Myocardial Failure

Date of onset

*11/14/36**11/15/36*

Other contributory causes of importance:

*carcinoma of sigmoid*Was an operation performed? *Yes* Date of *Nov. 14, 1936*For what disease or injury? *Carcinoma of sigmoid*What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. M. Harris*

M. D.

Address *Sinai Hospital*

OCCUPATION is very important. See instructions on back of certificate.

29137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Neat Balto Genl Hosp 5-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. 18. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Rebecca

6. DATE OF BIRTH (month, day, year) Jan 25 1876

7. AGE Years 60 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Getzel Block

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Celia Block

(Address) 2045 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL

Placed in Herring & Sol Winson & Sons

19. UNDERTAKER (Address) 1127 E Balto St

20. FILLED 11/17/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from 10/24/36 to 11/16/36

I last saw him alive on 11/16/36 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis Septicemia

Other contributory causes of importance: arteriosclerosis cardiac vascular renal disease

Name of operation None

What test confirmed diagnosis Blood culture

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Alessi

(Address) 1127 E Balto St

M. D.

(Address)

E 29138

E 29138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *27-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME *Francis William Baummer*(a) Residence: No. *5003 Halder Ave* St. _____ Ward. _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 17 1918*7. AGE Years Months Days If LESS than
18 *6* *3* 1 day.....hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Child*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *wood*
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) *Balto Md.*
(State or country)13. NAME *Anthony J. Baummer*14. BIRTHPLACE (city or town) *Balto*
(State or country) *Md.*15. MAIDEN NAME *Kathleen Grauer*16. BIRTHPLACE (city or town) *Balto*
(State or country) *Md.*17. INFORMANT *Anthony Baummer*
(Address) *5003 Halder Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *11/19* 193619. UNDERTAKER *Conrad J. Puch*
(Address) *5301 Halder Ave*

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 15, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Nov. 7, 1936 to Nov. 15, 1936*I last saw him alive on *Nov. 15, 1936* Death is said
to have occurred on the date stated above, at *4 P. m.*The principal cause of death and related causes of
importance were as follows:*Uremia*
Chronic Nephritis

Date of onset

Nov. 6
1930

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Blood N* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

TO If so, specify _____

(Signed)

(Address)

Irwin Sauber M. D.
Sinai Hospital

117 1936

29139

F 29139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital, 14-26* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *218 V. Stricker St.* St., *14-26* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *MARRIED*5a. If married, widowed, or divorced
HUSBAND of *William Pollock*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *5/3/1904*7. AGE Years *32* Months *4* Days *5* 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own home*10. Date deceased last worked at this occupation (month and year) *11/8/1936* 11. Total time (years) spent in this occupation *12 yrs*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *John E Jones*14. BIRTHPLACE (city or town) *Va.* (State or country)15. MAIDEN NAME *Mary Payne*16. BIRTHPLACE (city or town) *Va.* (State or country)17. INFORMANT *Wm. Pollock (Hus)*
(Address) *218 V. Stricker St*18. BURIAL, CREMATION, OR REMOVAL
Place *Int Auburn Cem* Date *11/17/36*19. UNDERTAKER *Chas. Hooper*
(Address) *514 N. Calhoun St.*20. FILED *11/13/36* 19 *36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 14, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 9, 1936* to *Nov 14, 1936*I last saw him alive on *Nov 9, 1936* Death is said to have occurred on the date stated above, at *3:35* pm.

The principal cause of death and related causes of importance were as follows:

Tuberculosis left Date of onset *11/8/36*

Other contributory causes of importance:

*36 weeks preg. - delivered 11/10/36*Name of operation *Delivered 11/10/36* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Hugh B. McCall* M. D.(Address) *University Hospital*

OCCUPATION is very important. See instructions on back of certificate.

F 29140

F 29140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 5 yrs. 1 mos. 1 ds.2. FULL NAME Willie Jackson (17175)

If U.S. Veteran specify WAR

(a) Residence: No. 1318 McCulloh St. St. 11-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Leona (or) WIFE of6. DATE OF BIRTH (month, day, year) May 8, 19017. AGE Years 35 Months 6 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Ga.13. NAME Nelson (D)14. BIRTHPLACE (city or town) (State or country) Ga.15. MAIDEN NAME Martha Hartwell16. BIRTHPLACE (city or town) (State or country) Ga.17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date Nov 18, 193619. UNDERTAKER (Address) Josephus Hall20. REGISTRAR (Address) Baltimore City Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 193622. I HEREBY CERTIFY, That I attended deceased from September 15, 1936 to November 15, 1936I last saw him alive on November 15, 1936 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset March 1936

Other contributory causes of importance:

Tuberculous Meningitis

8 da.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed: Jerome K. Burton M. D.(Address) Baltimore City Hospital

29141 1268-9

F 29141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 11-19-1936

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) therein and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

17 1936

F 29142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29142

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Madeira Street St. 1-4 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Wawrzyniec Kendrzejewski

(a) Residence: No. 512 South Madeira St. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Franciszka Kendrzejewski

6. DATE OF BIRTH (month, day, year) Aug. 10th/1870

7. AGE Years 66 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Kendrzejewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Maryanna Stefanski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Franciszka Kendrzejewski (Address) 512 South Madeira Street

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem. Nov. 27th 1936

19. UNDERTAKER George A. Weber (Address) 705 S. Ann St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16th 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-15 to 11-16, 1936

last saw him alive on 11-16, 1936 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

11/15/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 2221 Eastern Ave

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V 3 3

29143

F 29143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1007 Light* St. *74* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mo. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1007 Light* St., *74* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *James H. Gravatt* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 13 1886*7. AGE Years *50* Months *6* Days *3* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *None*12. BIRTHPLACE (city or town) *Balt.* (State or country) *Md.*13. NAME *Samuel Johnson*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Katherine Lockman*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Elizabeth A. Gravatt* (Address) *1007 Light St.*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *11-19-36*19. UNDERTAKER *Bernard G. Harle* (Address) *121 E. West St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 16th 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 12*, 19*36*, to *Nov. 16*, 19*36*I last saw her alive on *Nov. 15*, 19*36* Death is said to have occurred on the date stated above, at *6 A*. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage *11/12/36*

Other contributory causes of importance:

Exhaustion *11/15/36*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis *Clinical* there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *R. Campbell* M. D.(Address) *1644 Hanover St.*

117 1936

F 29144

F 29144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Maryland Ave.

St. 7-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francis P. Scully

If U.S. Veteran, specify WAR

(a) Residence: No. 2313 Maryland Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, 1864

7. AGE Years 72 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo Retoucher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 10 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Daniel Scully

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Frances Pyane

16. BIRTHPLACE (city or town) St. John's N. F. (State or country)

17. INFORMANT Mr. Fred D. Royce (Address) 2313 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cpn. Nov. 18, 1936

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1936

22. I HEREBY CERTIFY. That I attended deceased from

my 12, 1936, to November 16, 1936. I last saw him alive on Nov. 15, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1930

Other contributory causes of importance:

Acute Cardiac Dilatation

Nov. 15, 1936

Was an operation performed? No

Date of

For what disease or injury? V

What test confirmed diagnosis? V

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. H. Hutchins

M. D.

(Address) 2112 Maryland Ave.

29145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29145

X ✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 7 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. St. Lukes Lane, Woodlawn, Md Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Edward Hahn

6. DATE OF BIRTH (month, day, year) 8-28-1871

7. AGE Years 65 Months 2 Days 18 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Woodlawn, Baltimore County Md.
(State or country)

13. NAME Wm. Santer
14. BIRTHPLACE (city or town) Woodlawn Md.
(State or country)

15. MAIDEN NAME Sarah Pettus
16. BIRTHPLACE (city or town) Woodlawn Md.
(State or country)

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Placed in Olive Cem. Nov. 18 1936

19. UNDERTAKER Joseph H. Cook
(Address) 1003 S. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8-1936 to 11-16-1936

I last saw him alive on 11-16-1936 Death is said to have occurred on the date stated above, at 8:55 AM

The principal cause of death and related causes of importance were as follows:

Acute Congestive Heart Failure
(Cardiac Asthma)

Bronchopneumonia

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Disease

Date of onset 11-8-36

11-10-36

1936(?)

Was an operation performed? no Date of _____

For what disease or injury? _____

What last confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) I. Fuleman M. D.

(Address) Mercy Hospital

FILED

11-18-36

REGISTERED

29146

F 29146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.

Belvedere & Greenspring Aves

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rachel Flax

(a) Residence: No.

Hebrew Home for Aged

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Max

6. DATE OF BIRTH (month, day, year)

7. AGE

80

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Not Known

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

SUPERINTENDENT

18. BURIAL

Place Mt Carmel 11-17-36

19. UNDERTAKER

(Address)

J. H. Lewis Inc. 173 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

12-15, 1937, to

11-16, 1936

I last saw him alive on 11-16, 1936. Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cor. myo carditis
 Mitral insufficiency
 Aortic stenosis
 Hypertension

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinic Was there an autopsy? 1.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. Edmund Lewis

M. D.

(Address)

Levinsdale

V 11/1936

F 29147

29147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *2* mos. How long in U. S. If of foreign birth? *2* yrs. *2* mos. *2* da.

2. FULL NAME

*Daniel Butler*If U. S. Veteran specify WAR *WW*(a) Residence: No. *411 Railroad Ave.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, divorced, or separated, give name of HUSBAND of (or) WIFE of *Emma Butler*6. DATE OF BIRTH (month, day, year) *1896*7. AGE Years *40* Months *10* Days *10* If LESS than 1 day, *10* hrs. *10* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Poolroom*10. Date deceased last worked at this occupation (month and year) *Washington*11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) (State or country) *Washington*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Roberta*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Bertie Watkins*(Address) *413 Railroad Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Pleasant Rest Home* Date *Nov. 18th 1936*19. UNDERTAKER *Benson & Mammie W. Knight*(Address) *1218 W. Colden St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11. 15. 1936*22. I HEREBY CERTIFY, That I attended deceased from *10. 22. 1936* to *11. 15. 1936*I last saw him alive on *11. 15. 1936* Death is said to have occurred on the date stated above, at *7.19 p.m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage*Date of onset *10. 22. 1936*

Other contributory causes of importance:

*Cardiac dilatation*Date of onset *11. 12. 1936*Was an operation performed? *No* Date of *10. 22. 1936*

For what disease or injury?

Name of operation *Clipped*Date of *10. 22. 1936*What test confirmed diagnosis *Clipped* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *1936*Where did injury occur? *No*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *No*Nature of injury *No*24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *J. Carr*(Address) *315 Mosher St*M. D. *A.*

17 1936

29148

HEALTH DEPARTMENT—CITY OF BALTIMORE

29148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hosp.* St. *6-4* Ward)Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth *life* yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Harry Fox*(a) Residence: No. *116 N. Wolfe* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *1916*7. AGE Years *20* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Hyman Fox*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Lena*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *McLarnel*Date *11/17/36*19. UNDERTAKER *Jauff & Lewis Inc.*(Address) *11439 E. Baltimore St.*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-12-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *11-12-36*, 19, to *11-12-36*, 19.I last saw him alive on *11-17-36*, 19. Death is said to have occurred on the date stated above, at *3³⁰ AM*.

The principal cause of death and related causes of importance were as follows:

*Myocardial insufficiency
Rheumatic heart disease*Date of onset
2-11-36
1934

Other contributory causes of importance:

Was an operation performed? *2.* Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *2.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

2. If so, specify

(Signed)

(Address)

*Alfred Schurack
Sinai Hosp.*

M. D.

29149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29149

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 18-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alveta StokesIf U. S. Veteran specify WAR No Record(a) Residence: No. 112 Mt. Claire

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) July 29, 19357. AGE Years 1 Months 3 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Alfred Stokes14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Jeannette Smith16. BIRTHPLACE (city or town) Pratto (State or country) Md.17. INFORMANT Alfred Stokes (Address) 112 Mt. Claire St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 18th 1936

19. UNDERTAKER

(Address) Wm Cook
1217 St Paul St

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1936 to Nov. 16 1936I last saw him alive on Nov. 16 1936 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Pertussis and
Croup pneumonia

Date of onset

10-14-36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) J M Wagelstein

M. D.

(Address) _____

29150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Somerset St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barry Brown

If U. S. Veteran

specify WAR

(a) Residence: No. 515 Somerset St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX P 4. Color or Race Cwe 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

11-16-36

7. AGE Years Months Days If LESS than 1 day, 8 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Barry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ernest Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Lydia Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lydia Phillips Brown (Address) 515 Somerset St

18. BURIAL, CREMATION, OR REMOVAL NOV 17 1936

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED 1936 2755 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & physician and from the evidence obtained by said inquest & physician find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

11/16/36

Other contributory causes of importance:

(Sobor pneumonia of Mother)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Allen M. D.

(Address) 507 Annapolis St

OCCUPATION is very important. See instructions on back of certificate.

E9151

F. 29151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

139a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 13-6 Ward

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Evelyn H. Babylon

(a) Residence: No.

3329 Elm Ave

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept. 28, 1914

7. AGE 22 Years 1 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME

Jacob C. Babylon

FATHER

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

Hattie Leizer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address) 3329 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Buried in Union Memorial Hospital Date Nov 18, 1936

19. UNDERTAKER

(Address) 3015-17 E. Baltimore Ave

20. FILED

11/1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Nov 16, 1936

I last saw her alive on Nov 16, 1936. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Cranian cyst, left. (Cereb.)

Was an operation performed? yes

Date of Nov 13, 1936

For what disease or injury?

Cranian cyst

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

H. Leslie Framm M. D.

(Address) Union Memorial Hosp.

29152

✓ F. 29152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N Potomac St. 6-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

120

N Montford ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Paul Phelan

Coroner

M. D.

1919 E. North Ave

F 29153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Vine St St. 18-1 Ward)Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR2. FULL NAME Chester Brooks(a) Residence: No. 839 Vine St. St., 18-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lottie Brooks
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 26 18947. AGE Years 42 Months 2 Days 18 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)13. NAME John W. Brooks14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Mary E. Nelson16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Lottie Brooks
(Address) 839 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 18, 193619. UNDERTAKER Mr. Katie R. Williams
(Address) 222 S. Schroeder St.20. FILED 1936 19 18-1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute IndigestionAcute Dilatation of Heart

Other contributory causes of importance:

Was an operation performed? 0 Date of 0

For what disease or injury?

Name of operation Clin. Date of 0What test confirmed diagnosis? Clin. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. R. Williams(Address) 27 S. Schroeder St.

Coroner

M. D.

State of Maryland, County of Baltimore, City of Baltimore, Health Department, Certificate of Death, Form No. 1, 1936. See instructions on back of certificate. OCCUPATION is very important.

F 29154

✓ F. 29154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Bethel St., 8-6 Ward)Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Lou Beaudet(a) Residence: No. 1509 N. Bethel St., 8-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) child5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 116. DATE OF BIRTH (month, day, year) Dec 13, 19357. AGE Years 11 Months 4 Days 4 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) 11-17-36 11. Total time (years) spent in this occupation 1112. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME John J. Beaudet14. BIRTHPLACE (city or town) Cleveland (State or country) Ohio15. MAIDEN NAME Edith M. Beckwith16. BIRTHPLACE (city or town) Phila (State or country) Penn17. INFORMANT Mr. John J. Beaudet (Address) 1509 N. Bethel St.18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Nov. 18, 193619. UNDERTAKER Elmer W. Canblin (Address) 924 E. Eager St20. DIED Nov 17 1936 Registrar 11MEDICAL CERTIFICATE OF DEATH X21. DATE OF DEATH (month, day, year) Nov. 17th 193622. 11/14 I HEREBY CERTIFY, That I attended deceased from 11-17 to 11-17 1936I last saw her alive on 11-17, 1936. Death is saidto have occurred on the date stated above, at 6A in.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumoniaDate of onset 11/13/36

Other contributory causes of importance:

Myocardial degenerationDate of onset 11/16/36Was an operation performed? No Date of 11/16/36For what disease or injury? NoName of operation No Date of 11/16/36What test confirmed diagnosis? chest x-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 11-17-36Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place NoManner of injury NoNature of injury No

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No(Signed) David Miller M. D.(Address) 1500 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

29155 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F. 29155

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

Linai Hospital

Registered No.

CITY OF BALTIMORE: (No.

St., *8-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby girl Osborne

(a) Residence: No.

3418 Elmore Ave

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 7, 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

J. Page Osborne

14. BIRTHPLACE (city or town) (State or country)

Greensburg N. C.

MOTHER

15. MAIDEN NAME

Myrna Miscal

16. BIRTHPLACE (city or town) (State or country)

Frankfort Ind.

17. INFORMANT

J. Page Osborne

(Address)

3418 Elmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Nov. 17, 36

19. UNDERTAKER

(Address)

Geo. J. Brown 3001 Kentucky Ave

20. FIELD

Thurston

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 16, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 16, 1936* to *Nov. 16, 1936*

I last saw him alive on *Nov. 16, 1936* Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of the Heart (Congenital)

Date of onset

Other contributory causes of importance:

Pneumonia (Acute)

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Daniel Wilson* M. D.

(Address) *Linai Hospital*

29156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29156

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balts City Hosp 12* St. *12* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Irvin A. Bryant* (14230)

If U.S. Veteran

specify WAR

(a) Residence: No. *453 E. 23rd St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Bessie Bryant*6. DATE OF BIRTH (month, day, year) *April 22, 1897*7. AGE Years *39* Months *6* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Va.*13. NAME *Wyatt Bryant*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Florence Kenny*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *11/26/36*19. UNDERTAKER *Robert W. Williams* (Address) *1515 N. E. 1st St.*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 16, 1936*22. I HEREBY CERTIFY. That I attended deceased from *May 19, 1936* to *November 16, 1936*I last saw him alive on *November 16, 1936* Death is said to have occurred on the date stated above, at *2:00 P.M.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary Tuberculosis*Date of onset
Nov. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature) *Jerome A. Burton* M. D.Address *Baltimore City Hospitals*

OV 17 1936

29157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29157

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home + Infirmary* Ward)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Elizabeth Cleaveland

If U.S. Veteran

(MARY ELIZABETH CLEAVELAND)

(a) Residence: No. *126 N. Luzerne*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of *Louis S. Cleaveland*6. DATE OF BIRTH (month, day, year) *Oct. 11, 1975*7. AGE Years *61* Months *1* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Maryland* (State or country)13. NAME *Charles Fullbaurer*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Hess*16. BIRTHPLACE (city or town) *Baltimore, Maryland* (State or country)17. INFORMANT *Louis S. Cleaveland*
(Address) *126 N. Luzerne Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore Ceme.* Date *Nov. 18, 1936**Henry Sander & Son Inc. 156 N. Milton Ave.*
Baltimore & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 15, 1936*22. I HEREBY CERTIFY, That I attended deceased from *November 3, 1936* to *November 15, 1936*I last saw her alive on *November 15, 1936*. Death is said to have occurred on the date stated above, at *10:45 AM*.

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage*Date of onset
10/4/36

Other contributory causes of importance:

Diabetes mellitus
*Coronary sclerosis*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Aut.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

2. FILED

17 1936

Registrar.

29158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29158

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 15-10* Ward)Registered No. *93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life time* How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Sara C. Stern*(a) Residence: No. *(3805) Edgerton Road* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Robert Stern</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 19, 1866</i> | | |
| 7. AGE | Years <i>70</i> | Months <i>5</i> |
| | Days <i>27</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) *Baileys*
(State or country) *Ind.*13. NAME *Louis Cohen*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Hannah Haas*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Bertha C. Rose*
(Address) *3805 Edgerton Road*18. BURIAL, CREMATION, OR REMOVAL
Place *Ches. Mallon Co.* Date *Nov. 18, 1936*19. UNDERTAKER *David Sonaheim*
(Address) *1902 Eastaw Place*20. FILED *17 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 11, 1936* to *Nov. 16, 1936*I last saw her alive on *Nov 16, 1936*. Death is said to have occurred on the date stated above, at *7:45 P.M.*

The principal cause of death and related causes of importance were as follows:

*Thrombosis of coronary artery
Atherosclerosis
Chronic myocarditis
Cardiac insufficiency*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis *Chen* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. E. Spear* M. D.(Address) *Sinai Hospital*

F 29159

F 29159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Linden Ave. St. 4 - 1 Ward)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 11 ds. (of street and number.)

2. FULL NAME Louis Katzenstein

(a) Residence: No. 2203 Linden Ave. St., Ward.

(Usual place of rhode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Divorced |
|----------------|---------------------------|--|

21. DATE OF DEATH (month, day, year) Nov. 16, 19 36

22. I HEREBY CERTIFY, That I attended deceased from
10/17 1926, to 11/16 1926

I last saw him alive on 11/16, 1926. Death is said

to have occurred on the date stated above, at / 11 a.m.

The principal cause of death and related causes of importance were as follows:

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

C. DATE OF BIRTH (month, day, year) Oct. 19, 1874

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
| | 62 | | 37 | |

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.,.....

Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Index.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12: BIRTHPLACE (city or town)....Baltimore,
(State or country)

13. NAME Abraham Katzenstein

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME Matilda Schwartz

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT Dr. L. Katzenstein
(Address) 2203 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Palto, Hebrew Date Nov. 18, 193

19. UNDERTAKEN *David Sanderson*
(Address) *1902 Putnam Blvd.*

20. 1 17 1 10

Registrar

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed)

(Address) 2380 Eutaw Place

. M. D.

29160

✓ F 29160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Pettitia Ave 25-7 Ward)

Registered No. 72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis E. Clements

If U.S. Veteran specify WAR

(a) Residence: No. 1908 Pettitia Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Anna J. Clements

6. DATE OF BIRTH (month, day, year) April - 23 - 1890

7. AGE Years 46 Months 6 Days 24 11 LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT

(Address) 908 Pettitia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem Date Nov - 18 - 1936

19. UNDERTAKER

(Address) 2435 E. Oliver St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 15 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Nov 15, 1936

I last saw deceased alive on Nov 15, 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Lymphoid Leukemia 3 Mo
Leukemia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 4713 Frederick Ave

1771836

Registered

F. 29161

✓ F. 29161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat St. 28-1* Ward)Length of residence in city or town where death occurred *33* yrs. *9* mo. *0* ds. How long in U. S. If of foreign birth? *76* yrs. *8* mo. *16* ds.2. FULL NAME *Dr. John A. Dougherty*(a) Residence: No. *Philadelphia, Pa.* St., *Philala.* Ward. *Philala.*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *94-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR *NONE*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Feb. 29-1860*7. AGE Years *76* Months *8* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Physician*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Physician*10. Date deceased last worked at this occupation (month and year) *About 1902* 11. Total time (years) spent in this occupation *unknown*12. BIRTHPLACE (city or town) *Phila. Pa.* (State or country)13. NAME *Philip Dougherty*14. BIRTHPLACE (city or town) *Phila. Pa.* (State or country)15. MAIDEN NAME *Catherine Graham*16. BIRTHPLACE (city or town) *Phila. Pa.* (State or country)17. INFORMANT *Mr. H. P. Rehn*
(Address) *Baltimore*18. BURIAL, CREMATION, OR REMOVAL
Place *New Catholic* Date *Nov. 18, 1936*19. UNDERTAKER *Edward M. M. Co.*
(Address) *108 W. 10th Ave.*20. FILED *17 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 16, 1936*22. I HEREBY CERTIFY That I attended deceased from *Jan. 28, 1928* to *Nov. 16, 1936*I last saw him alive on *Nov. 16, 1936* Death is said to have occurred on the date stated above, at *1:20 P. M.*

The principal cause of death and related causes of importance were as follows:

Schizophrenia *Arterio sclerosis* *33 yrs.*Other contributory causes of importance: *Angina Pectoris* *100 yrs.*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *Findings* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Daniel P. Blaine*(Address) *336 E. 10th St. Baltimore*

29162

F 29162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Hanover St. St. 23 Ward)

Length of residence in city or town where death occurred 73 yrs. 3 mos 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ida Johnson.

(a) Residence: No. 1535 Hanover St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widow

5a. If ~~single~~ widowed, ~~husband~~ (or) WIFE of

Arthur Johnson.

6. DATE OF BIRTH (month, day, year) September 9, 1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

73

3 2

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

FATHER

13. NAME

James Jones.

14. BIRTHPLACE (city or town) (State or country)

Maryland.

MOTHER

15. MAIDEN NAME

Elmira Travers.

16. BIRTHPLACE (city or town) (State or country)

Maryland.

17. INFORMANT Clara Tilton. (daughter) (Address) 1505 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place London, Pa.

Date Nov 18, 1936

19. UNDERTAKER (Address)

The J. K. Kinnear Co.
1600 Hollins St.
Baltimore, Md.

20. FILED

7-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto W. Reinhardt M. D.
11/15/36 1017 S. Charles St.
(Address)

29163

18251

F 29163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

William Mullins

If U. S. Veteran

specify WAR

(a) Residence: No. 1122 McCulloh St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>B</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Mary (Deceased)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-14-1873

| | | | | |
|---------------------|-------|--------------------|-------------------|--|
| 7. AGE <u>63</u> | Years | Months <u>3</u> | Days <u>29</u> | If LESS than 1 day,.....hrs. or.....min. |
|---------------------|-------|--------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, Laborer
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ga.
(State or country)13. NAME Charles14. BIRTHPLACE (city or town) Ga.
(State or country)15. MAIDEN NAME Carolina16. BIRTHPLACE (city or town) Ga.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL NOV 17 1936
Place Home of Mother19. UNDERTAKER Per H. A. Moore
(Address)

20. INDEXED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-193622. I HEREBY CERTIFY That I attended deceased from 10-27-36 to 11-11-36I last saw him alive on 11-11-36 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Rupture of aortic aneurysm Date of onset 11-11-36

Other contributory causes of importance:

Aneurysm of aortaWas an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify
(Signed) John L. Rainey
(Address) Baltimore City Hospital

2757 17

F 29164

✓ F 29164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Edmondson Ave. 70-2 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles E. Jay

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 2627 Edmondson Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of Belle Jay
WIFE of6. DATE OF BIRTH (month, day, year) May 20 - 18627. AGE Years 74 Months 5 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Postal
10. Date deceased last worked at this occupation (month and year) May 27 - 1930 11. Total time (years) spent in this occupation 43 yrs12. BIRTHPLACE (city or town) Baltimore
(State or country) Ind.13. NAME Charles Edward Jay14. BIRTHPLACE (city or town) Baltimore
(State or country) Ind.15. MAIDEN NAME Lucinda Barber16. BIRTHPLACE (city or town) York
(State or country) Pennsylvania17. INFORMANT Belle Jay
(Address) 2627 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Cemetery Date Nov 19 193619. UNDERTAKER Highland Funeral Home
(Address) 441 N. Broadway20. FILED 7-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 - 193622. I HEREBY CERTIFY, That I attended deceased from May 18 - 1936, to November - 16 - 1936I last saw him alive on November - 15 - 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
11-15-36

Other contributory causes of importance:

4 different cerebral hemorrhages between May 18 & November 15 - 1936Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) Chester Kiland M. D.(Address) 2532 Edmondson Ave.

29165 HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 29165

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 24-1st* St. *26* Ward)

Length of residence in city or town where death occurred *36* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *36* yrs. *0* mos. *0* ds.

2. FULL NAME *John Hovaker* (17916)

(a) Residence: No. *1616 Balt St.*

(Usual place of abode)

St., *Ward.*

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Eva* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 18, 1883*

7. AGE Years *53* Months *5* Days *27* If LESS than 1 day, *28* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Hungary*

13. NAME *Anthony*

14. BIRTHPLACE (city or town) (State or country) *Hungary*

15. MAIDEN NAME *Anna ??*

16. BIRTHPLACE (city or town) (State or country) *Hungary*

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Place Holy Cross Date Nov 18 1936*

19. UNDERTAKER *Chas. L. Stevens* (Address) *1501 E. Port Ave.*

20. FILED *17-1936* *17* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 15, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *October 14, 1936* to *November 15, 1936*

I last saw him alive on *November 15, 1936* Death is said to have occurred on the date stated above, at *1:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset *Sept. 1936*

Other contributory causes of importance:

Tuberculous laryngitis

Aug. 1936

Was an operation performed? *Yes* Date of *Sept. 1936*

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *1936*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Jerome H. Burton* M. D.

(Address) *Baltimore City Hospital*

29167.16 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29167

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

JONES HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. *Marble* Ward *III*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

G. Porter Houston Jr

If U.S. Veteran specify W.A.K.

No Record

(a) Residence: No.

1834 Linden av

St.

Ward.

Marble III

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

6-10-10

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

26

5

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Investigator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Loan Co

10. Date deceased last worked at this occupation (month and year)

Aug 1935

11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

G. Porter Houston

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Estelle Mae Boone

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, or other disposal

Place *Washington D.C.* Date *Nov 1935*

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul st

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from *Nov 14 1936* to *Nov 17 1936*

I last saw him alive on *Nov 17 1936* Death is said to have occurred on the date stated above, at *4:30* A.M.

The principal cause of death and related causes of importance were as follows:

*Chronic nephritis
Hypertension
Secondary anemia*

Other contributory causes of importance:

Plumel + peripheral effusion & arteriosclerosis

Date of onset

1935

1934

1935

1936

Date of death

Nov 1936

Was an operation performed? *No*

Date of

For what disease or injury? *No*

What test confirmed diagnosis? *None*

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify *X*

(Signed)

B. Hollis Hand

M. D.

(Address)

The Johns Hopkins Hospital

29168

F 29168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

James Marrian MARRIAN

If U. S. Veteran

specify WAR

(a) Residence: No. *24 E. Preston St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Blauche E. Marrian* (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 17, 1874*7. AGE Years *62* Months *4* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. *Paint Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2066*10. Date deceased last worked at this occupation (month and year) *Sept 1/36* 11. Total time (years) spent in this occupation *20 yrs*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *James A. Marrian*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Sarah Miles*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Sixon Miles Marrian*(Address) *705 Gladstone Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. John's* Date *Nov 19, 1936*19. UNDERTAKER *Mr. John W. Genfel & Son*(Address) *801 W. Fayette St*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-17-36* 1922. I HEREBY CERTIFY, That I attended deceased (from *10-23-36* 19, to *11-17-36* 19)I last saw him alive on *11-17-36* 19. Death is said to have occurred on the date stated above, at *12:15 AM*.The principal cause of death and related causes *Cerebral Hemorrhage*
Aortic Sclerosis
Hypertensive Cardiac - Nephroses
Chronic Arteriosclerosis
with Embolus

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joseph A. Hunt* M. D.(Address) *Maryland General Hosp.*

29169

F 29169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward *2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward,

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Margaret A. Schmidt*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 18/75*
7. AGE Years *61* Months *43* Days *28* LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Paper Hanger*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Gerhardt Schmidt*
14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Homburg*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Margaret A. Schmidt*
(Address) *16 N. Kenwood*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Nov 18, 1936*19. UNDERTAKER *John A. Moran*
(Address) *3010 E. Baltimore*

FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-16-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *10-22-36*, 19, to *11-16-36*, 19I last saw him alive on *11-16-36*, 19. Death is said to have occurred on the date stated above, at *4:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Rheumatic C-V Disease.

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *clinical* as there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify
(Signed) *W. P. Stephens* M. D.(Address) *Med. Serv. Wash. D.C.*

F 29170 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223, S. Washington St. Ward 2-1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(n) Residence: No. 223, S. Washington St. Ward 2-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced Widowed of Thomas Plichta (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29-1888

7. AGE 47 Years 48 Months 11 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Lawrence James G'...

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josephine Puffa

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary G'...

(Address) 224 S. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Mary Date 11/19 1936

19. UNDERTAKER William G'...

(Address) 1618 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-36 to 11-15 1936

I last saw her alive on 11/15 1936. Death is said

to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Other contributory causes of importance: Essential Hypertension

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Cholecystectomy Date of _____

What test confirmed diagnosis Cholecystectomy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If Yes _____

(Signed) J. G. G'... M. D.

(Address) 2827 Eastern Ave

2827 O. Lawrence St.

FILED 1936

F 29171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29171

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Register St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 422 S. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) M.5a. If married, widowed, or divorced
HUSBAND of Stephania
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sep 28, 18617. AGE Years 75 Months 2 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Philip Bronzert
14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Kulkowska
16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Stephania Bronzert
(Address) 422 S. Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 20, 193619. UNDERTAKER J. M. S. Fialkowski
(Address) 2002 Eastern Ave20. FILLED 1936 19 Thurston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 3622. I HEREBY CERTIFY. That I attended deceased from Nov 14 1936 to Nov 16 1936I last saw him alive on Nov 16 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension Failure

Date of onset

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. L. Kulacki M. D.
(Address) 126 S. Patterson Ave

OCCUPATION is very important. See instructions on back of certificate.

29172

F 29172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Abbott St St. 7 Ward)Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran
specify WAR.

2. FULL NAME

(a) Residence: No. 1625 Abbott Street St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Georgia Atkins
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 25, 18967. AGE Years 40 Months 2 Days 21 If LESS than 1 day... hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Company
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Greenville
(State or country) S. C.FATHER 13. NAME Edward Atkins14. BIRTHPLACE (city or town) S. C.
(State or country)MOTHER 15. MAIDEN NAME Sallie Brocklund16. BIRTHPLACE (city or town) S. C.
(State or country)17. INFORMANT Georgia Atkins
(Address) 1625 Abbott Street18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/19/3619. UNDERTAKER Robert H. Gray
(Address) 804 N. Calver St20. FILED 11/19/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 193622. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1936 to Nov 16, 1936
I last saw her alive on Nov 16, 1936 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chemia
Purpura Hemorrhagica
Septicæmia
Other contributory causes of importance:
Chronic Nephritis
Cardiac Decompensation

Date of onset

11/14/36
11/15/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Alfred P. Roberts

M. D.

(Address) 828 N. Bond Street

29173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29173

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Loudon Ave., St. 15 Ward 15)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara M. Bell

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 2902 Loudon Ave., St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 51 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milton, Mass.
(State or country)

13. NAME Richard A. Bell

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth G. Evans

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Esther G. Bell
(Address) 2902 Loudon Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov. 19, 1936

19. UNDERTAKER John J. Henry
(Address) 715 Light St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1936 to Nov. 16, 1936

I last saw him alive on Nov 16 - 9:00 p. m. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Nov. 16

Other contributory causes of importance:

High blood pressure for some months

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address) 1733 Loudon Ave

M. D.

F 29174

29174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *34-8-82-a*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *A Joseph Hospital* St. *10-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *418 E. Biddle* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1903*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*33*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salad girl 1906*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lord Baltimore Hotel*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Thomas Reddy*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mary Kylan*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. Mary Donnelly* (Address) *918 S. Taca St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Nov. 20, 1936*

19. UNDERTAKER

(Address)

Rev. Wiedefeld
917 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 2, 1936* to *Nov 17, 1936*I last saw him alive on *Nov 17, 1936*. Death is said to have occurred on the date stated above, at *2:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Syphilis
Hypertension
Cerebral Hemorrhage

Other contributory causes of importance:

Date of onset

*Nov. 2, 1936*Was an operation performed? *No* Date of —

For what disease or injury?

What test confirmed diagnosis? *Kop* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. Austran
A. Joseph Hospital

M. D.

FILED

V 16 1936

19

REGISTERED

F 29175 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29175

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 John St. St. 14-1 Ward) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME FRANCIS P. BURROWS

(a) Residence: No. 1403 John St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mina L. Burrows (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4th. 1859

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 77 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hardware 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Burrows

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann McShane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mina L. Burrows (Address) 1403 John St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Nov. 19th. 1936

19. UNDERTAKER Chas. B. Francis & Son (Address) 118 W. Mt. Royal Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th. 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 16, 1936 to Nov. 16, 1936 I last saw him alive on Nov. 16, 1936 Death is said to have occurred on the date stated above, at 6:45 pm.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Coronary Arteriosclerosis

Date of onset

11/16/36

11/16/36

Other contributory causes of importance:

Chronic Nephritis
Myocarditis

1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Thomas J. White M. D.

(Address) 532 E 22nd St

FILED

NOV 18 1936

F 29176

F 29176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 S Decker St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1234 S. Decker St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17 36

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Nadolny

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Sisolak

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Nadolny
(Address) 1234 S Decker St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov. 19. 36

19. UNDERTAKER Stephen J. Fialkowski

(Address) 1800 S. Newwood Ave

20. FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1936, to Nov 17, 1936.

I last saw her alive on Nov 17, 1936. Death is said to have occurred on the date stated above, at 10:45 AM.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

(Address)

M. D.

9177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18674

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Ida B. Jones(a) Residence: No. 2028 E. Lombard St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Reynolds Jones
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-23-18617. AGE Years 75 Months 10 Days 23 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-23-1936 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Jacob Harkins14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Elizabeth ?16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL Cath. M. & Cemetery Date Nov. 19th 193619. UNDERTAKER Fredrick Lussafino Jones
(Address) 7401 Reisterstown Road

20. FILED

NOV 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 13 1936 to Nov. 16 1936I last saw her alive on Nov. 16 1936. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Anterior ischemic heart disease Myocardial failure Pneumonia
Date of onset Unknown 3 wks ago 3 wks ago 1 day ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical + pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Dr. A. de Santilla(Address) Baltimore City Hospitals

29178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S. Spring St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. more St., more Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Unknown5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 45 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. more

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT known by agent to be of blood(Address) as an immediate relative

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

NOV 18 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably stenosis & embolism

Other contributory causes of importance:

Probably chronic alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Moore M. D.(Address) 1010 S. ...

29179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29179

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balti City Hrs.* St., *5-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *William Thomas*

If U. S. Veteran

specify WAR

(a) Residence: No. *266 N. Exeter* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *about 65*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

NOV 18 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Isobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

2761

29180

F 29180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Dallas St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frazier

If U. S. Veteran

specify WAR _____

(a) Residence: No. 231 S. Dallas

St., _____

Ward, _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha6. DATE OF BIRTH (month, day, year) Unknown

| | | | | |
|-----------|-----------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>20</u> | <u>50</u> | | | |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u> | 11. Total time (years) spent in this occupation <u>40</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>family work</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country) Virginia

| | |
|--------|--|
| FATHER | 13. NAME <u>Unknown</u> |
| | 14. BIRTHPLACE (city or town) (State or country) <u>1</u> |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME <u>1</u> |
| | 16. BIRTHPLACE (city or town) (State or country) <u>1</u> |

17. INFORMANT My wife (daughter)
(Address) 231 S. Dallas18. BURIAL, CREMATION, OR REMOVAL NOV 18 1936
Place 1 Date NOV 18 193619. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore20. FILED 2780
2780

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. H. Moore M. D.(Address) 1010 S. 9th Coroner 1

F 29181

F 29181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Rhoten

If U. S. Veteran

Specify WAR

(a) Residence: No. Hampstead Carroll Co. Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|----------------------------------|--|

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH Nov. 12, 1936

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day. <u>12</u> hrs. or min. |
|--------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Leland Rhoten14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Ruth Davidson16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL NOV 18 1936
Place Union of Md.19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature BirthHemorrhage into Brain

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 29182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. 5 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME Baby Boy Diggs(a) Residence: No. 612 W. Fairmount St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov. 6, 19367. AGE Years _____ Months _____ Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Diggs14. BIRTHPLACE (city or town) Not Known
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT
(Address) _____18. BURIAL, CREMATION, OR REMOVAL NOV 18 1936
Place _____ Date _____19. UNDERTAKER
(Address) _____

20. FILED _____

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1936, 19 _____22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Atelectasis

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No

If so, specify _____

(Signed) H. A. Moore

M. D.

(Address) 2757 N. ...

29183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 N 26 St St. 7-7 Ward)2-FULL NAME Joseph Raymond Gilmore(a) RESIDENCE NO. 415 N 26 St St. 7-7 Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds.(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 Color or Race White5 Single, Married, Widowed, or Divorced, (write the word) Single6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Child6 DATE OF BIRTH (month, day, and year) Sept 17-26

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.128

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Harry R Gilmore11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 NAME OF MOTHER Minister13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14

Informant

(Address) 415 N 26 St

15

1936

19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19-2617 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry,) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Probably Pneumonia
(over)

(duration)yrs.mos.ds. ?

CONTRIBUTORY (Secondary) _____

(Signed) Ed. Deane (duration)yrs.mos.ds.
(Coroner), 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Marys Hampton Nov 19 26

20 UNDERTAKER

ADDRESS

William H. Satz 814 N 36 St

29184

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29184

CERTIFICATE OF DEATH

1. PLACE OF DEATH

*Presbyterian Hospital*CITY OF BALTIMORE: (No. *1514* *Danvers* St., *15* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. *6* mos. *6* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maria Brown

If U. S. Veteran specify WAR

(a) Residence: No.

1337 W. Carey St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female *Lat.**Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 12, 1928

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*9**5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lat.

13. NAME

Peter Brown

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME

Mathilda Sites

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

Martha Brown
1337 W. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Handson Va.

Date

11/19/38

19. UNDERTAKER

(Address)

*Thomas E. Kelson**1303 Presstman St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 17*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *10-10*, 19*38*, to *11-17*, 19*38*I last saw him alive on *11-17*, 19*38* Death is said to have occurred on the date stated above, *3:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Tubercular Peritonitis

Date of onset

Jan 1938

Other contributory causes of importance

*Tubercular Peritonitis**Tubercular Adenitis*Was an operation performed? *yes* Date of *10-19*

For what disease or injury?

T. B. Adenitis

Name of operation

Besky

Date of

10-19

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

W. E. Kelson
Presbyterian Hospital

F 29185

F 29185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 R. Calhoun St. Ward 11a)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Stephen Logan

If U. S. Veteran specify WAR

(a) Residence: No. 1032 R. Calhoun St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -6. DATE OF BIRTH (month, day, year) June 7, 18737. AGE Years 63 Months 5 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME John Logan14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Henrietta Frey16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT John W. Chambers (Address) 841 N. Fremont Ave.18. BURIAL, CREMATION, OR REMOVAL Place Piney Grove Date 11/19/3619. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St.20. FILED 11-19-36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-3622. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936 to Nov 16, 1936I last saw him live on Nov. 13, 1936 Death is said to have occurred on the date stated above, at 541 m.

The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia

Date of onset

Other contributory causes of importance:

La Grippe

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

29188

F 29186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward 7-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Anne Chappell (Neal) (18672)

If U.S. Veteran

specify WAR

(a) Residence: No. 833 Wolfe St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 18947. AGE Years 42 Months 3 Days 17 If LESS than 1 day, hrs. or min. 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Henry Maden14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Eliz. Milton16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place not to bury, bur Date 11/20/3619. UNDERTAKER Wm. Charles S. Bailey (Address) 1421 Jefferson St.20. FILED 11/20/36 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 193622. I HEREBY CERTIFY, That I attended deceased from November 13, 1936 to November 16, 1936I last saw her alive on November 16, 1936 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Dean H. Feldman M. D.(Address) Baltimore City Hospitals

29187

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29187

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH 754 W Baltimore St.

CITY OF BALTIMORE: (No. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jane Henry

If U. S. Veteran specify WAR

(a) Residence: No. 754 W Baltimore St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L. Henry

6. DATE OF BIRTH (month, day, year) Mar 4, 1857

7. AGE Years 79 Months 8 Days 14 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Wriak Hurley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Beatrice

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lelia B. Dammock (Address) 754 W Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md. Date Nov. 18, 1936

19. UNDERTAKER Granville Le Compte (Address) Cambridge Md.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935 to Nov 18, 1936

I last saw him alive on Nov 18, 1936 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Chr. myocarditis

Date of onset

2

?

Other contributory causes of importance:

Acute Cerebral Dilatation Nov 18, 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W York St

29188

#18246 F 29188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME Patrick O'Rourke(a) Residence: No. 1604 Port St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lottie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-29-18887. AGE Years 48 Months 18 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huxter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Patrick
Maryland14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Shanhan16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Nov. 19/3619. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.20. FILED 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 193622. I HEREBY CERTIFY, That I attended deceased from 10-27, 1936 to 11-16, 1936I last saw him alive on 11-16, 1936 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

pyonophrosis rightDate of onset 3 mo.

Other contributory causes of importance:

uremia1 wk.Was an operation performed? yes Date of 10-30-36For what disease or injury? pyonophrosis right
incision drainage right kidneyWhat test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) W. H. Hopper(Address) Balt. City Hosp.

M. D.

29189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29189

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 23-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna M. Bisesi

(a) Residence: No. *46 E. Randall* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *August P.*

6. DATE OF BIRTH (month, day, year) *Jan 18 1902*

7. AGE Years *33* Months *8* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*

13. NAME *George Natgel* 14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Wilhelmina Kuhlhoff* 16. BIRTHPLACE (city or town) *Baltimore* (State or country)

17. INFORMANT *August P. Bisesi* (Address) *46 E. Randall St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Calvary Hill Cem* Date *Nov 19 1936*

19. UNDERTAKER *Isidor Schlozman* (Address) *1039 Hanover St*

20. FILED *1936* *1010 S. E. Schlozman*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 16 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary artery

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

1010 S. E. Schlozman

29190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran
specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Infant</i> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

NOV 18 1936

19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 14*, 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Nov 14*, 19*36* to *Nov 14*, 19*36*I last saw him alive on *Nov 14*, 19*36* Death is said to have occurred on the date stated above, at *3:45* p.m.

The principal cause of death and related causes of importance were as follows:

*Sub-acute hemorrhage of
arterio-sclerotic heart*Date of onset
11/14/36

Other contributory causes of importance:

*Chronic disease of heart
Prematurity*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. E. Bush

M. D.

Univ. Hospital, Baltimore

18 1936

Commissioner of Health

2763

F D. B. 1765-9
F 29191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Mosher st

St. 16-2 Ward)

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Grayson

(a) Residence: No. 1511 Mosher st.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) 2

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 1111 North

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

NOV 18 1936

19

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Burned to death,

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 9000 Date of Injury Nov 9, 1936

Where did injury occur? 1511 Mosher st. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in basement

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

29192

F 29192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 15-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1706 Presbury* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 25 1922*7. AGE Years *13* Months *4* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *School age*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Samuel More*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Mabel More*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Nanny Prole* (Address) *1706 Presbury St.*18. BURIAL, CREMATION, OR REMOVAL Place *Hampton-London Co. Va.* Date *Nov 19* 19*36*19. UNDERTAKER *Beards & Cooper* (Address) *514 E. Calhoun St*20. FILED *1036* *H* *15* *2* *1936* *H*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 15* 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured
Concussion of Skull
Internal Abdominal Hemorrhage 19*36*

Other contributory causes of importance:

Was an operation performed? *No* Date ofFor what disease or injury? *No*

Name of operation Date of

What test confirmed diagnosis? *History* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *11-14* 19*36*

Accident, suicide, or homicide

Where did injury occur *1706 Presbury* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell off fence*Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) *George S. Allen* M. D.(Address) *50 Presbury St*

OCCUPATION is very important. See instructions on back of certificate.

F 29193

F 29193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 41-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Dora Richardson

If U.S. Veteran

specify WAR

(a) Residence: No. 1259 Washington Blvd. St., Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced HUSBAND of Joseph (Deceased) (or) WIFE of6. DATE OF BIRTH (month, day, year) 5-1-18637. AGE Years 73 Months 6 Days 16 If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Samuel Brown14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Elizabeth16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT B. C. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Nov 20 19 3619. UNDERTAKER Chas. P. Stevens (Address) 1201 E. Fayette Ave.20. FILED 12-19-36 Washington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/3622. I HEREBY CERTIFY, That I attended deceased from 10-1-36, 1936 to 11-17, 1936I last saw him alive on 11-17, 1936 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Body of Uterus

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? no Date of For what disease or injury? yesWhat test confirmed diagnosis Autopsy there an autopsy yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

F. L. Carpenter
Balto. City Hosp.

M. D.

29194

F 29194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 709 E. 4th St.
 CITY OF BALTIMORE: (No. 9-1 St., 9-1 Ward)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME Mr. John Joseph Silk
 (a) Residence: No. 709 E. 4th St., 9-1 Ward.
 (If non-resident give city or town and State)

Registered No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 5a. If married, widowed, or divorced
 HUSBAND of Mary Silk
 (or) WIFE of
 6. DATE OF BIRTH (month, day, year) Feb. 16, 1868
 7. AGE Years 68 Months 9 Days 2 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office work
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

13. NAME Michael Silk
 14. BIRTHPLACE (city or town) Ireland
 (State or country)

15. MAIDEN NAME Mary Farrell
 16. BIRTHPLACE (city or town) Ireland
 (State or country)

17. INFORMANT Subert J. Silk
 (Address) 709 E. 4th St.

18. BURIAL, CREMATION, OR REMOVAL
 Place Cathedral Date Nov 21, 1936

19. UNDERTAKER Fred. A. Krause & Co
 (Address) 126 S. Charles St

20. FILED 1936 Registrar, RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/36
 22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to Nov 18, 1936
 I last saw him alive on Nov 18, 1936 Death is said to have occurred on the date stated above, at 6 1/2 in.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 11/18/36

Other contributory causes of importance:

Was an operation performed? No Date of
 For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
 (Signed) R. L. Shoup M. D.
 (Address) 1940 W. Balto St

29195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins & Caton Ave* St. *25-1* Ward)

4673

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Brother Constantine Mc Guinness* If U.S. Veteran specify WAR

(a) Residence: No. *Mount St. Joseph's College* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 1, 1867*

7. AGE Years *69* Months *9* Days *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0068*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Scotland*

13. NAME *Anthony J. Mc Guinness*

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME *Mary Mc Beattie*

16. BIRTHPLACE (city or town) (State or country) *Unknown*

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Ave* Date *Nov 19, 1936*

19. UNDERTAKER *Frederic H. France & Son* (Address) *216 S. Charles St.*

20. FILED 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 17, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 12, 1936* to *Nov. 17, 1936*

I last saw him alive on *Nov. 17, 1936* Death is said to have occurred on the date stated above, at *2 47* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach with metastasis to liver. Pulmonary Oedema

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Louis S. Lavellyn* M. D.

(Address) *St. Agnes Hospital*

F 29196

F 29196 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *210-M*)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced, HUSBAND or (or) WIFE <i>William H. Bowles</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>3-1871</i> | | |
| 7. AGE Years <i>55</i> | Months <i>10</i> | Days <i>16</i> |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <i>Housewife</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) <i>St. Marys, Md</i> | | |
| 13. NAME <i>Robert C. Snyder</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>St. Marys, Md</i> | | |
| 15. MOTHER NAME <i>Anna C. Snyder</i> | | |
| 16. BIRTHPLACE (city or town) (State or country) <i>St. Marys, Md</i> | | |
| 17. INFORMANT (Address) <i>William H. Bowles, Hollywood Md</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>St Johns 20/36</i> | | |
| 19. UNDERTAKER (Address) <i>M. C. Mattingly, Baltimore Md</i> | | |
| 20. FILED | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|---|---|
| 21. DATE OF DEATH (month, day, year) <i>11-19-36</i> | 22. I HEREBY CERTIFY, That I took charge of the remains described above, held <i>in my</i> them and from the evidence obtained by <i>me</i> and that said deceased came to death on the day stated above. |
| The principal cause of death and related causes of importance were as follows: <i>fractured skull</i> | |
| Other contributory causes of importance: | |
| Was an operation performed? Date of | |
| For what disease or injury? | |
| Name of operation Date of | |
| What test confirmed diagnosis? Was there an autopsy? | |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury <i>11-19-36</i> | |
| Where did injury occur? (Specify city or town, county, and State) <i>St. Marys, Md</i> | |
| Specify whether injury occurred in industry, in home, or in public place <i>Highway</i> | |
| Manner of injury <i>Motor vehicle struck and killed</i> | |
| 24. Was disease or injury in any way related to occupation of deceased? <i>No</i> | |
| (Signed) <i>Robert C. Snyder</i> M. D. Coroner | |
| (Address) <i>957 N. Charles</i> | |

Registrar

29197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1608 John*2-FULL NAME *Hugh Allison*(Residence in Baltimore: No. *1608 John St*

REGISTERED NO. C

ST. *1st* WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. *10* yrs. *10* mos. *10* ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.

Male

4-COLOR OR RACE.

*White*5-SINGLE,
MARRIED,
WIDOWED,
OR-DIVORCED.
(Write the word.) *Single*

6-DATE OF BIRTH.

April 19, *1878*.
(Month) (Day) (Year)

7-AGE.

58 yrs. *7* mos. *10* ds.

If LESS than 1 day,

...hrs. or...min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

Retired

9-BIRTHPLACE.

(State or Country)

Harford Co. Md.

10-NAME OF FATHER.

John Allison

11-BIRTHPLACE OF FATHER (State or Country).

York Co. Penna

12-MAIDEN NAME OF MOTHER

Selina Morrison

13-BIRTHPLACE OF MOTHER (State or Country).

Harford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *George Allison*(Address) *Whiteford Md.*

15-

Filed

191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH

Nov 19, *1916*.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Nov 5, *1916*, to *Nov 19*, *1916*.that I saw him alive on *Nov 19*, *1916*.and that death occurred, on the date stated above, at *3 a.* m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage(Duration) *14* yrs. *14* mos. *14* ds.

CONTRIBUTORY (Secondary)

(Duration) *14* yrs. *14* mos. *14* ds.(Signed) *H. E. Reeves* M. D.*Nov 19*, *1916* (Address) *1301 N. Park St*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death *14* yrs. *14* mos. *14* ds. In the State *14* yrs. *14* mos. *14* ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.

Vernon Cem.

DATE OF BURIAL.

Nov. 22, *1916*.

20-UNDERTAKER

S. W. Halden

ADDRESS

Delta, Penna

29198-4
324

F 29198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JONES HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anita Pellegrini

If U.S. Veteran
specify WAR

(a) Residence: No.

1033 Blvd. ab

St.

Ward.

Fairmount W Va

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

—

6. DATE OF BIRTH (month, day, year)

5-20-31

7. AGE

Years
5Months
5Days
28If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

child care

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

W Va

FATHER

13. NAME

Mick Pellegrini

14. BIRTHPLACE (city or town)
(State or country)

W Va

MOTHER

15. MAIDEN NAME

Eunice

16. BIRTHPLACE (city or town)
(State or country)

Eunice

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount W. Va Date Nov 20, 1936

19. UNDERTAKER

John O. Mitchell Sons
Address 1900 East Ave. Place

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 18, 1936

22.

I HEREBY CERTIFY, That I attended deceased from

Nov 17, 1936, to Nov 18, 1936

I last saw her alive on Nov 18, 1936 Death is said
to have occurred on the date stated above, at 6:41 P.m.The principal cause of death and related causes of
importance were as follows:Cerebellar tumor -
malignant

Date of onset

Other contributory causes of importance:

no

Was an operation performed? yes

Date of 11/18/36

For what disease or injury?

Cerebellar tumor -
malignant.

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Dr. Maurice Mason M. D.
Address John Hopkins Hospital

F 29199

F 29199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10-1 Ward)Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Elise Ottilie SchuermannIf U. S. Veteran specify WAR No Record(a) Residence: No. 1232 E. Eager St., 10-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| SEX <u>female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>X</u> | | |

6. DATE OF BIRTH (month, day, year) 1862

| | | | | |
|--------|--------------------|--------------------|------------------|--|
| 7. AGE | Years <u>74</u> | Months <u>0</u> | Days <u>0</u> | If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. |
|--------|--------------------|--------------------|------------------|--|

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nurse</u> | 11. Total time (years) spent in this occupation <u>0048</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Unkin14. BIRTHPLACE (city or town) (State or country) ..15. MAIDEN NAME ..16. BIRTHPLACE (city or town) (State or country) ..17. INFORMANT William Schuermann
(Address) 1822 N. Register18. BURIAL, CREMATION, OR REMOVAL
Place City of Baltimore Date 11/19/3619. UNDERTAKER 1217 St. Paul
(Address)20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypostatic pneumonia
+ Cardiovascular sclerosis

Other contributory causes of importance:

Fall on Head to injuriesWas an operation performed? .. Date of ..

For what disease or injury?

Name of operation .. Date of ..What test confirmed diagnosis? .. Was there an autopsy? ..23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Oct 31, 1936

Accident, suicide, or homicide

Where did injury occur? Baltimore (Specify city or town, county, and State)Specify whether injured in industry, in home, or in public place City HospitalManner of injury fall to floorNature of injury head injury sharp

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Wright M. D.(Address) 1010 S. E. 1st Ave

F 29200

29200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Franklin St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annetta HodgesIf U. S. Veteran specify WAR No Record(a) Residence: No. 15 E. Franklin St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If ~~married~~ widowed, or divorced ~~husband~~ (or) WIFE of Harry Hodges6. DATE OF BIRTH (month, day, year) Aug 3rd 18747. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 3 14OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Balto (State or country) mdFATHER 13. NAME John Sohn
14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mary E. Mackenroth (Address) 15 E. Franklin St18. BURIAL, CREMATION, OR REMOVAL Place Trinity Date Nov 20th 193619. UNDERTAKER W B Cook (Address) 1217 St Paul St20. FILED 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th 193622. I HEREBY CERTIFY, That I attended deceased from Nov 14 1936, to Nov 17 1936
I last saw him alive on Nov 17 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Bronchitis chronicDate of onset July

Other contributory causes of importance:

Nephrositis chronic

1935

Was an operation performed? no Date of XFor what disease or injury? XName of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place XManner of injury XNature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) V Van Williams M. D.(Address) 3200 Lehigh Ave

29201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29201

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 E. Preston St., 7 Ward)Length of residence in city or town where death occurred 24 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1519 E. Preston St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 98
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, name of husband (or) WIFE of Nathaniel J. Crow6. DATE OF BIRTH (month, day, year) Dec 15th 18627. AGE Years 73 Months 11 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) MDFATHER 13. NAME Charles Pentz 14. BIRTHPLACE (city or town) Balto (State or country) MDMOTHER 15. MAIDEN NAME Katherine Watts 16. BIRTHPLACE (city or town) Norfolk (State or country) Va17. INFORMANT Maudie S. Crow (Address) 1519 E. Preston St18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 11/21 193619. UNDERTAKER William Cook (Address) 1217 E. Paul St.20. FILED 11/21 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th 193622. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936, to Nov 17 1936.I last saw him alive on Nov 16 1936. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Lymphangitis, Constipation & Sanguineous Bullets

Date of onset

Other contributory causes of importance:

InfluenzaWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) A. O. Carman M. D.(Address) 1701 N. Caroline St.

29202

F 29202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1528 Homestead*, *9-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hattie M. Catterton

If U.S. Veteran, specify WAR

No Record(a) Residence: No. *1528 Homestead* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*James R.*

6. DATE OF BIRTH (month, day, year)

April 16 - 1889

7. AGE

47

Years

Months

Days

If LESS than
1 day. hrs.
or min.*7**0*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

George Shimm

14. BIRTHPLACE (city or town) (State or country)

New York

15. MAIDEN NAME

Addaide Market

16. BIRTHPLACE (city or town) (State or country)

Balto Md.

17. INFORMANT

(Address)

*James R. Catterton**1528 Homestead St.*

18. BURIAL, CREMATION, OR REMOVAL

Interment

19. UNDERTAKER

(Address)

*W. M. Booth**1217 E. Baltimore St.*

20. FILED

21. DATE OF DEATH (month, day, year)

Nov 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

*March 1936 to Nov 16, 1936*I last saw him alive on *Nov 16, 1936* Death is saidto have occurred on the date stated above, at *8:50 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus and Adnexa

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Carcinoma Uterus

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. M. Booth
2700 Hartford Rd.

Date of onset

*1931**590*

F 29203 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29203

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hosp.

CITY OF BALTIMORE: (No. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. 1.....mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

William Elmon Daily

If U.S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m.* 4. Color or Race *w.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of *Bertha M. Daily* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 15, 1902*

7. AGE Years *34* Months *6* Day *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Store Keeper*
10. Date deceased last worked at this occupation (month and year) *May 15, 1902*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Berkley County W. Va.* (State or country)

13. NAME *John W. Daily*

14. BIRTHPLACE (city or town) *Berkley County W. Va.* (State or country)

15. MAIDEN NAME *Ella M. Taylor*

16. BIRTHPLACE (city or town) *Berkley W. Va.* (State or country)

17. INFORMANT *Bertha M. Daily* (Address) *Berkley County W. Va.*

18. BURIAL, CREMATION, OR REMOVAL *was 11/19/36* Place *Shepardstown* Date

19. UNDERTAKER *Frederick A. Gale* (Address) *1200 W. Lombard St.*

20. FILED *11/19/36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/18, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 20, 1936* to *Nov. 18, 1936*

I last saw him alive on *Nov. 18, 1936*. Death is said to have occurred on the date stated above, at *11:15 A.M.*

The principal cause of death and related causes of importance were as follows: *Brain Tumor (Benign)* Date of onset *1932*

Other contributory causes of importance: *Meningitis (Staphylococci) 1/32*

Was an operation performed? *Yes* Date of *10-22-36*
For what disease or injury? *Brain Tumor*

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *John M. Warren* M. D.

(Address) *Univ. Hosp.*

F 29204

F 29204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 Presstman St. 5-2 Ward)Registered No. 92-n

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME David Lewis(a) Residence: No. 1847 Presstman St., 5-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Sophie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/6/18677. AGE 69 Years 6 Months 11 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. auto
10. Date deceased last worked at this occupation (month and year) 11/20/36 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Cabot, Md
(State or country)13. NAME David Lewis14. BIRTHPLACE (city or town) Cabot, Md
(State or country)15. MAIDEN NAME Smith16. BIRTHPLACE (city or town) Cabot, Md
(State or country)17. INFORMANT Fannie Hamilton
(Address) 1847 Presstman St18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 11/20, 193619. UNDERTAKER Wm. A. Jackson
(Address) 916 Presstman St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 193622. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to Nov 17, 1936I last saw him alive on Nov. 16, 1936. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular
Heart Disease

Date of onset

7/5/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) William H. H. H. M. D.(Address) 1928 Penna Ave

29205 HEALTH DEPARTMENT—CITY OF BALTIMORE 29205

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Poplar Grove St. Ward 11-5-7)

Length of residence in city or town where death occurred 39 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katherine Clark Christman
(a) Residence: No. 2216 Poplar Grove St., Ward 11-5-7
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Edward G. Christman (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1861

7. AGE Years 75 Months 4 Days 3 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) July 15, 1861
11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Brooklyn (State or country) N.Y.

13. NAME John Clark

14. BIRTHPLACE (city or town) Deland (State or country)

15. MAIDEN NAME Margaret Medick

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Carolyn Hissel (Address) 2200 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Nov 20 1936

19. UNDERTAKER Wm. H. Kuer Sons (Address) Not at home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 9, 1936 to Nov. 17, 1936
I last saw her alive on Nov. 11, 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Thrombosis of coronary artery

Date of onset Nov. 12, 1936

Other contributory causes of importance:

Previous attack of coronary thrombosis

Date of onset Oct. 19, 1936

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. Pauling Wallace M. D.

(Address) 2839 Mulbrook Ave.

NOV 19 1936

19

Read grav.

29206

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29206

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Rosedale St. St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Myers

If U.S. Veteran specify WAR

(a) Residence: No. 1532 Rosedale St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of George W. Myers (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 20, 1853

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 83 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Charles Sheriff 14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Long 16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harry W. Wicks-daughter (Address) 1532 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 19, 1936

19. UNDERTAKER Wm. J. Dickson & Sons (Address) 1011 N. Pa. Ave.

20. FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936 to Nov 16, 1936 I last saw her alive on Nov 16, 1936 Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart dis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Gust A. Rahm M. D.

(Address) 3000 W. York Ave

29207. HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29207

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4907 Reisterstown Rd Ward 27-1)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4907 Reisterstown Rd Ward 27-1
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 95-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow
6a. If married, widowed, or divorced, HUSBAND of William S. Smith (or) WIFE of William S. Smith

6. DATE OF BIRTH (month, day, year) Dec. 8, 1860

7. AGE Years 75 Months 11 Days 10 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Oxford Md. (State or country)

13. NAME John Koblauch

14. BIRTHPLACE (city or town) Oxford Md. (State or country)

15. MAIDEN NAME Margaret Blizzard

16. BIRTHPLACE (city or town) Oxford Md. (State or country)

17. INFORMANT Miss Marie Greanger

(Address) 4907 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Ward Chapel Date Nov 20, 36

Place Ward Chapel

19. UNDERTAKER Wm. McKee & Sons

(Address) North & Pa Aves.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936 to Nov 18, 1936

I last saw her alive on Nov 18, 1936 Death is said to have occurred on the date stated above, at 1240am

The principal cause of death and related causes of importance were as follows:

Cardiovascular disease Date of onset 1 yr.

Cerebral Hemorrhage 2 1/2 days

Other contributory causes of importance: Acute cardiac dilatation 3 hrs.

Was an operation performed? None Date of None

For what disease or injury? None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following: None Date of injury None, 19 36

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

(Signed) E. W. Roons M. D.

(Address) 806 N. Fulton Ave.

F 29208

F 29208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer E. Altwater(a) Residence: No. Louraine Ave. Essex Balto. Co. Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced

HUSBAND Margaret Altwater
(or) WIFE6. DATE OF BIRTH (month June 5 1868)

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>68</u> | <u>5</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Henry Altwater14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Margaret Altwater
(Address) Essex Md.18. BURIAL, CREMATION, OR REMOVAL
Place Not known Date 11/19 193619. UNDERTAKER Wm. G. Connolly
(Address) Essex, Md.20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, Nov. 10, 1936 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

F 29209 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29209

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Has. 7-4* St., *7-4* Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Catherine T. Kenney(a) Residence: No. *1012 N. Broadway* St., *7-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years *83* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

FATHER

13. NAME *Daniel Kenney*14. BIRTHPLACE (city or town) *Ireland*
(State or country)

MOTHER

15. MAIDEN NAME *Anna Leahy*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Ms. Sadie Kenney*
(Address) *1012 N. Broadway*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic Church* Date *Nov. 21* 19*36*19. UNDERTAKER *Henry Hockland, Inc.*
(Address) *1301 E. Bay St.*

20. FILED

19

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 18, 1936*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *her* death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

*Semility - Cardiac Vascular
Sclerosis + Shock*

Other contributory causes of importance:

Injury to hip in a fall

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury *Nov 16, 1936*Where did injury occur? *Baltimore*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *fall on floor*Nature of injury *injury to hip (probably fracture)*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. M. Wright

M. D.

(Address)

1010 S. Calhoun Ave.

Coroner

29210 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29210

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 N. Bouldin St. St. 26-10 Ward)

Length of residence in city or town where death occurred: yrs. 45 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Szwarc

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 444 N. Bouldin St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walenty Szwarc

6. DATE OF BIRTH (month, day, year) 1863

7. AGE 73 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Bandowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Szwarc (Address) 1707 E. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 21, 1936

19. UNDERTAKER Fred W. Oszewski (Address) 1930 Eastern Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler M. D.

(Address) 1918 E. North Ave. Coroner

29212

HEALTH DEPARTMENT—CITY OF BALTIMORE 29212

CERTIFICATE OF DEATH

Registered No. 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Baltimore St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1508 E. Baltimore St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Verner 14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Miriam 16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Leysun (Address) 18. BURIAL, CREMATION, OR REMOVAL Hebrew Burial Bur Date Nov 19, 1936

19. UNDERTAKER J. L. Levinson Bur (Address) 1117 E. Baltimore St.

20. FILED 1936 21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) obtained by said inquest, autopsy or inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. Schuchman Coroner M. D. (Address) 1918 E. North Ave.

1010 Ellwood

✓ F 29213

F 29213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-2 Ward)Length of residence in city or town where death occurred 35 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 35 yrs. 3 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1044 Granby St., 3-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 77 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Prusa, Lithuania
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Nathan Staler
(Address) 1044 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Place Chil. Holon Date 11-19-3619. UNDERTAKER Jack Lenz
(Address) 1439 E. Baltoe

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-3622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest? Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury? Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) W. M. M. M.(Address) 1010 S. Ellwood Ave.

Coroner

M. D.

Registrar

NOV 19 1936

29214

F 29214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai HospitalSt. 15-4 Ward)Length of residence in city or town where death occurred 6 yrs. 9 mo. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Wilbur Watson(a) Residence: No. 2025 Herbert StreetSt., 18 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---6. DATE OF BIRTH (month, day, year) January 20th 19307. AGE Years 6 Months 9 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, School Child
sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---10. Date deceased last worked at this occupation (month and year) ---11. Total time (years) spent in this occupation ---12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Frank Watson14. BIRTHPLACE (city or town) Darlington, Harford Co., Md.
(State or country)15. MAIDEN NAME Edith Cowley16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mr Frank Watson (Father)
(Address) 2025 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov 18th 193619. UNDERTAKER J. J. Dickner & Sons
(Address) North Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Meningococci Meningitis

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul P. Schenker(Address) 1919 E. North Ave.

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

29215

F 29215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Monroe St., 16-4 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

2. FULL NAME

Anna Goodman

(a) Residence: No. 1111 N. Monroe

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widow |

5a. If married, widowed, or divorced

HUSBAND of Benjamin Goodman
(or) WIFE of

c. DATE OF BIRTH (month, day, year) June 27, 1857

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 79 | 4 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Israel Hirshfeld,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie -----

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Cotton,
(Address) 1111 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Nov. 20, 1936

19. UNDERTAKER David Sandham & Son
(Address) 1902 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 1, 1936 to Nov. 18, 1936

I last saw her alive on Nov. 17, 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
(hypostatic)

Date of onset

3 days

Other contributory causes of importance:

Arteriosclerosis
Old age

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Barthus Buzzott

M. D.

(Address) 2229 Eutaw Place.

29216 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29216

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Lake View + Lakeriew Ave.*
CITY OF BALTIMORE: (No. *New Sheffield Apt. 4*) Ward

Registered No. *49-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Bertha S. Hecht*

If U. S. Veteran specify WAR

(a) Residence: No. *New Sheffield Apt. 4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Manus E. Hecht*

6. DATE OF BIRTH (month, day, year) *June 21, 1885*

7. AGE Years *51* Months *4* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Berryville, Va.* (State or country)

13. NAME *Louis Scherer*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Sette Myers*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Dr. Manus Hecht* (Address) *New Sheffield Apt. 4*

18. BURIAL, CREMATION, OR REMOVAL
Place *Balti. Heb. Cem* Date *Nov. 20, 1936*

19. UNDERTAKER *David Soudanion* (Address) *1903 Eutaw Place*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 18, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 11, 1936* to *Nov. 18, 1936*

I last saw him alive on *Nov. 18, 1936* Death is said to have occurred on the date stated above, at *11:10 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma (of the ovary) [Cancer] 1934

Other contributory causes of importance:

Carcinomatous; peritoneal 1938
metastases; intestinal obstruction 1936

Was an operation performed? *Yes* Date of *Oct 23, 1936*

For what disease or injury? *Carcinoma - ovary*

Name of operation *Salpingo-oophorectomy* Date of *Oct 23, 1936*

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis P. Hamburger* M. D.

(Address) *1207 Eutaw Place*

F 29217

F 29217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Ostend St St. 21-2 Ward)Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1215 Ostend St. St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

4. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7 18617. AGE Years 75 Months 8 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 600012. BIRTHPLACE (city or town) (State or country) Maryland13. NAME James Durkin14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Nancy Gallagher16. BIRTHPLACE (city or town) (State or country) Pa.17. INFORMANT Mamie Durkin (Address) 1215 N. Costend St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11-21 193619. UNDERTAKER Bernard C. Harkin (Address) 121 E. N. St20. FILED 11-21-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 193622. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Nov. 19 1936I last saw him alive on Nov. 19 1936 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia

Date of onset

1 year

Other contributory causes of importance:

None.Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date ofWhat test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: no

(Signed)

Chas. Fortson, M. D.
(Address) 888 N. Lombard St

✓ F 29218

29218 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME Andrew J. Devlin(a) Residence: No. 5006 Hartford Ave. St. 0 Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced. (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —6. DATE OF BIRTH (month, day, year) 18957. AGE Years 41 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) 0000 11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Cairo
(State or country) IllinoisFATHER 13. NAME Samuel B. Devlin14. BIRTHPLACE (city or town) Cairo
(State or country) IllinoisMOTHER 15. MAIDEN NAME Mamie Connor16. BIRTHPLACE (city or town) Cairo
(State or country) Illinois17. INFORMANT Samuel B. Devlin
(Address) Home 7 Little Sisters 7 Pm

18. BURIAL, CREMATION, OR REMOVAL

National Cem. Date 11/20 193619. UNDERTAKER Leroy L. Hedges
(Address) 6209 Hartford Ave.20. FILED 1035 10 11 11/20/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Impress Autopsy or Inquiry)
The principal cause of death and related causes of importance were as follows:Fractured Skull

Date of onset

Other contributory causes of importance:

Intra Cranial HemorrhageWas an operation performed? No Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis Chemical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 11/16/1936Accident, suicide, or homicide Accident Date of Injury 11/16/1936Where did injury occur Belt Rd - Balt. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place In StreetManner of injury Fractured Skull due to aNature of injury fall/stumble

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul M. Devlin Coroner M. D.(Address) 1918 E. North Ave.

29219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8217 N. Lakewood St., Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. of foreign birth? yrs mos ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 8217 N. Lakewood St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23-1863 7. AGE Years 73 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cumberland (State or country)

13. NAME Conrad Handel 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Pfeiffer 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Anna J. Johnson 8217 N. Lakewood

18. BURIAL, CREMATION, OR REMOVAL Place London Park Mon 20 1926

19. UNDERTAKER Harry H. Hutzko 4101 Edmonson Ave

20. FILED 1936 21. REGISTERED H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1936 I HEREBY CERTIFY, That I attended deceased from 10:36 to Nov 17 1936

I last saw him alive on Nov 17 1936 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Dacryocystitis nephritis. Chronic Myocarditis Date of onset 1926 Other contributory causes of importance: Pulmonary Asthma 1926 Anasarca 1926

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Koot M. D.

(Address) 413 27 Washington

29220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29220

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* St., *122-B* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *912 St. Paul* St., *122-B* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 1-1901*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *35- 0 18*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bank* 10. Date deceased last worked at this occupation (month and year) *11-10-36* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Allison Pettigrew*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Ada Armstrong*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Beclinton Ind* Date *11-31-36*19. UNDERTAKER *Geo L. Beyer Jr* (Address) *1512 Hollins St*20. FILED *1036* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-19* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11-15-* 19*36*, to *11-19-* 19*36*I last saw him alive on *11-19-* 19*36* Death is said to have occurred on the date stated above, at *11:48 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute intestinal obstruction.

Date of onset

Other contributory causes of importance:

*Peritonitis, Myocardial Failure.*Was an operation performed? *Yes* Date of *11-16-36*For what disease or injury? *Acute intestinal obstruction by adhesion.*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Dr. J. F. Williams Jr. M.D.*(Address) *Maryland General Hospital*

29221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29221

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Clifton Ave Ward 15-6)Length of residence in city or town where death occurred 40 yrs. 4 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3306 Clifton Ave Ward 15-6

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced, name of HUSBAND or WIFE Mildred6. DATE OF BIRTH (month, day, year) Aug 28-18637. AGE Years 73 Months 2 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electrician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 River 007810. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Cabot Co (State or country) MD13. NAME Dr James B Duke14. BIRTHPLACE (city or town) Cabot Co (State or country) MD15. MAIDEN NAME Caroline Owen16. BIRTHPLACE (city or town) Cabot Co (State or country) MD17. INFORMANT Miss Paul Borshuding (Address) 3306 Clifton Ave18. BURIAL, CREMATION, OR REMOVAL Place Graceland Date Nov 21-193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 193622. I HEREBY CERTIFY, That I attended deceased from June 1936 to Nov 18 1936I last saw him alive on Nov 18 1936. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

arterio-sclerosisHypertensionWas an operation performed? no Date of about Jan 1/36For what disease or injury? phlegmWhat test confirmed diagnosis? phlegm Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Date of injury 1928Accident, suicide, or homicide? 1928

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Walter S. H. H.(Address) 2220 Garrison Blvd

18784

F 29222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-1 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Orville W. Butler

(a) Residence: No. 1305 N. Calvert St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel E. Butler

6. DATE OF BIRTH (month, day, year) 1-17-1875

7. AGE Years 10 Months 1 Days 1 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME John H. Butler

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Melvina Buckingham

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 11/21 1936

19. UNDERTAKER (Address) 1217 St. Paul St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH 1936

21. DATE OF DEATH (month, day, year) Nov. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1936 to Nov. 18 1936

I last saw him alive on Nov. 18 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pernicious anemia
Bronchopneumonia
Atherosclerosis

Date of onset

5 mo. ago.

1 day ago

unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. L. De Santella M. D.

(Address) Baltimore City Hospitals

M. D. 29223

HEALTH DEPARTMENT—CITY OF BALTIMORE 29223

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 E. Biddle St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

No Record

2. FULL NAME

Mary J. Anthony(a) Residence: No. 2128 E. Biddle St., 8-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced Married (or) WIFE of Robert P. Anthony6. DATE OF BIRTH (month, day, year) April 9, 18667. AGE Years 70 Months 7 Days 31 If LESS than 1 day, 4 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home10. Date deceased last worked (month and year) 11/18/36 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town) Balto. (State or country) MD.13. NAME Wm. T. Hunter14. BIRTHPLACE (city or town) Balto. (State or country) MD.15. MAIDEN NAME Frances Byson16. BIRTHPLACE (city or town) Balto. (State or country) MD.17. INFORMANT Walter E. Anthony(Address) 2128 E. Biddle St.18. BURIAL, CREMATION, OR REMOVAL Morland Park Date Nov 21, 193619. UNDERTAKER Wm. Cook(Address) 1217 St. Paul St20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 193622. I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date ofFor what disease or injury? —Name of operation — Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Whicker Coroner(Address) 1919 E. North Ave. M. D.

M. D. B 1268-2

F 29224

F 29224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Keswick Rd. N. 23rd St.

CITY OF BALTIMORE: (No.)

St. 13-1

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

29 yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME

Frank Durnik

(a) Residence: No. 3517

Keswick Road

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of

Marie Durnik

6. DATE OF BIRTH (month, day, year)

7. AGE

67

Years

Months

Days

If LESS than

1 day

hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Calcular Heart Disease ?

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

C. D. DeGuerre

Coroner

M. D.

(Address)

F 29225

F 29225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 650 W. Mulberry St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced HUSBAND of John S. Scott (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 26 Years Months Days If LESS than 1 day. 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina13. NAME Charles Williams14. BIRTHPLACE (city or town) (State or country) South Carolina15. MAIDEN NAME Lilly Murry16. BIRTHPLACE (city or town) (State or country) South Carolina17. INFORMANT John Scott (Address) 650 W. Mulberry St.18. BURIAL, CREMATION, OR REMOVAL Place 217 Calvary Date Nov. 194319. UNDERTAKER Chas. Wilson (Address) 1000 Brantley20. FILED 1000 Brantley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 194322. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

cardiovascular hypertension

Other contributory causes of importance:

probable acute nephritis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Nov 17, 1943

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

V. M. Wright
(Address) 1010 S. Ellington Ave

Coroner

M. D.

29226

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29226

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)Registered No. *119*

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred *infant* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Franklin Cann (alias) *HARVEY L. CANN*(a) Residence: No. *Chestertown Md*

St. — Ward. —

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Negro

5. Single, Married, Widowed, or Divorced (write the word)

*Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 27 1936

7. AGE

5 months 21 days

Months

5

Days

*21*If LESS than
1 day... hrs.
or... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

*Chestertown Md
Kent County Md*

FATHER

13. NAME

George J. Cann

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

*Geo. J. Cann
Chestertown, Md*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

*not known
Philadelphia Hospital
515 Market St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11-18-36

22. I HEREBY CERTIFY, That I attended deceased from

*10/3**1936**to**11-18-36**1936*I last saw *him* alive on *11-18*, 1936 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute G-I indigestion

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation

Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. D. Cann

M. I.

(Address)

515 Market St

29227

F 29227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Poplar Grove St. 70-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

John Frederick Kreamer,

(a) Residence: No. 512 Poplar Grove St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |
| 5a. If married, widowed, or divorced HUSBAND of Florence M. Kreamer, (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) September 30 1870 | | |
| 7. AGE | Years | Months |
| 66 | 1 | 19 |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Retired Milk Dealer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 1916 |
| | 11. Total time (years) spent in this occupation | 50 Yrs |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 19 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 34 to Nov 19 1936

I last saw him live on Nov 18 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial disease
Aortic atherosclerosis with
hypertension.Date of onset
about
18 years

Other contributory causes of importance:

Coronary thrombosis.

1/2 hour

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. Michel

M. D.

(Address)

2901 Edmondson Ave

20. FILED

Registrar

20 1936

29228

F 29228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Infirmary* St., *17-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. *12* ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.2. FULL NAME *Miss Lelia* Harrison PowersIf U.S. Veteran
specify WAR _____(a) Residence: No. *1080* Pennsylvania Ave. *Towson*, Md., Ward. *Towson*, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *June 2 1873*7. AGE Years Months Days If LESS than
63 *5* *?* 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *None*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *abd*10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Virginia*13. NAME *Wm. H. H. Powers*14. BIRTHPLACE (city or town)
(State or country) *Virginia*15. MAIDEN NAME *Louise Sheffey*16. BIRTHPLACE (city or town)
(State or country) *Virginia*17. INFORMANT *Rev. Hugh W. S. Powers*
(Address) *Garrison Blvd. & Egerton Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *Prospect Hill Towson* Nov. 21, 193619. UNDERTAKER *Wm. J. Tucker & Sons*
(Address) *North - Pa. Ave.*20. FILED *2-2-1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 19 1936*22. I HEREBY CERTIFY, That I attended deceased from
November 7 1936 to *November 19 1936*I last saw her alive on *November 18 1936* Death is said
to have occurred on the date stated above, at *1:40 A.M.*The principal cause of death and related causes of
importance were as follows:*Carcinoma of breast
with pulmonary metastasis*Date of onset
1933

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *C.L.* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *John A. Myers* M. D.(Address) *Church Home & Inf.*

29229

F 29229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 E. North Ave. St. 9-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.2. FULL NAME Henry E. Boehm

(a) Residence: No. 1014 E. North Avenue. St. ____ Ward. ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|----------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) July 8, 1888

| | | | | |
|--------|-----------|----------|-----------|---------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or min. |
| | <u>48</u> | <u>4</u> | <u>10</u> | |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Post Office Clerk</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Post Office</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>Nov. 17, 1936</u> | 11. Total time (years) spent in this occupation <u>18</u> |

12. BIRTHPLACE (city or town) Balto.,
(State or country) Md.13. NAME Henry E. Boehm14. BIRTHPLACE (city or town) Balto.
(State or country) Md.15. MAIDEN NAME Zillah A. Smith16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Mrs. Zillah A. Boehm,
(Address) 1014 E. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 21, 193619. UNDERTAKER Fredrick L. Lashley
(Address) 7401 Belair Road

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 193622. I HEREBY CERTIFY That I attended deceased from Nov 1, 1936 to Nov 15, 1936
I last saw him alive on Nov 12, 1936 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease
Myocarditis
Hypertension

Date of onset

148

Other contributory causes of importance:

Acute Cardiac Obstruction
Was an operation performed? No Date of 1 day
For what disease or injury? SendersWhat test confirmed diagnosis? Senders Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

M. D.

(Address)

29230

F 29230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home and Infirmary

Registered No.

CITY OF BALTIMORE: (No.)

St. 5-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mo. ds. How long in U. S. If of foreign birth 87 yrs 8 mo. 17 da.

2. FULL NAME

Mrs. F. Louise W. Mapp

If U.S. Veteran specify WAR

None

(a) Residence: No.

Church Home & Inf

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of

A. Upshur Mapp

6. DATE OF BIRTH (month, day, year)

March 2-1849

7. AGE

Years 87Months 8Days 17

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Douglas Welbourne

14. BIRTHPLACE (city or town) (State or country)

Accomack, Va.

MOTHER

15. MAIDEN NAME

Virginia Ames

16. BIRTHPLACE (city or town) (State or country)

Accomack, Va.

17. INFORMANT

Mr. E. H. Welbourne (nephew)

(Address)

Calonsville

18. BURIAL, CREMATION, OR REMOVAL

Place MethodistDate Nov 21 1936

19. UNDERTAKER

Stewart Morris Co.

(Address)

2815 York Ave.

FILED

26 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June, 1935, to Nov. 19, 1936.

I last saw him alive on Nov 19, 1936. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis generalized
Arteriosclerotic heart disease
Cerebral arteriosclerosis

Date of onset

Other contributory causes of importance:

senile degeneration

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John A. Myers

M. D.

(Address)

Church Home & Inf.

29231

F 29231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, 1320 St.)Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 7 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 224 East University Parkway Ward. 1320 St.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, name of Walter Jones
WIFE of6. DATE OF BIRTH (month, day, year) Oct. 24, 18697. AGE Years 67 Months 0 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York State
(State or country)13. NAME Mr. George Clarke
14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Lidia Boyber16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT

(Address) Douglas - Mrs. Gilbert Tamm
224 E. University Parkway, Balt.

18. BURIAL, CREMATION, OR REMOVAL

Place Millview Date Nov 18/36

19. UNDERTAKER

(Address) Lewman Mort Co.
108 W. Main Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936 to Nov 18, 1936I last saw her alive on Nov. 18, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Hypertension
Chronic Alcoholism
Psychoneurosis

Other contributory causes of importance:

Was an operation performed? No Date of Nov 18/36For what disease or injury? NoWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Nov 18/36Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert H. Oliver M.D.(Address) Union Memorial Hosp.

FILED 1936

Registrar.

9232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29232

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1120 Myrtle* St. *17-3* Ward)

Length of residence in city or town where death occurred: *30* yrs. *30* mos. *30* ds. How long in U.S. If of foreign birth? *30* yrs. *30* mos. *30* ds.

2. FULL NAME *Mary E. Thomas*

(a) Residence: No. *1120 Myrtle* St., *17-3* Ward.

Registered No. *92-a*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* Color *Colored* 4. *Color* or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, *Married*, *Widowed*, *Divorced* (or) WIFE of *Emory Thomas*

6. DATE OF BIRTH (month, day, year) *June 21-1875*

7. AGE Years *61* Months *4* Days *26* If LESS than 1 day, *hrs.* or *min.*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Gordonsville* (State or country)

13. NAME *Elijah Nicholas*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Emory Thomas* (Address) *1120 Myrtle*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Ambrose* Date *Nov. 22 1936*

19. UNDERTAKER *Mrs. George C. Gollay* (Address) *1648 Smith Hill Ave*

20. FILED *12-1-36* 19 *12-1-36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov-17-1936*

22. I HEREBY CERTIFY that I attended deceased from *Sept 30 1936* to *Nov 17 1936*

I last saw him alive on *Nov 17 1936* death is said to have occurred on the date stated above, at *1135* pm.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance:

Gastric Catarrh

Name of operation *none* Date of *no* What test confirmed *clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *J. B. Hughes* (Address) *1413 Smith Hill Ave* M. D.

29233

✓ F 29233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

Specify WAR

2. FULL NAME Rosa Fields

(a) Residence: No. 626 W. Lanvale St.
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lafayette Fields

6. DATE OF BIRTH (month, day, year) 11-3-1886

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Irvin MacKey

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Anna Geites

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 21, 1936

19. UNDERTAKER
(Address)Mrs. George H. Holladay
1601 Q. Ave. N. W. D.C.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936 to 11-18, 1936

I last saw h. alive on 11-18, 1936. Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)

Date of onset
10 Dec

Other contributory causes of importance:

Pericarditis Anemia

Link

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

John F. Ranney
Baltimore City Hospital

M. D.

29234 HEALTH DEPARTMENT—CITY OF BALTIMORE 29234

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 W. North Ave St. 15-6 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Victor Winfred Winchester
(a) Residence: No. 2907 W. North Ave St. 15-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Segar

6. DATE OF BIRTH (month, day, year) March 12 1869

7. AGE Years 67 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salem an pl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Coal Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME Oliver A. Winchester

14. BIRTHPLACE (city or town) (State or country) Balt., Md.

15. MAIDEN NAME Carolyn Green

16. BIRTHPLACE (city or town) (State or country) Balt., Md.

17. INFORMANT Miss Amicie Winchester
(Address) 2907 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL 11/21/36
Place New Cathedral Date

19. UNDERTAKER The W. W. & Son
(Address) 2503 Edm. main ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1936 to Nov 18 1936

I last saw him alive on Nov 18 1936 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency 1 year

Other contributory causes of importance:

Cardiac Renal Anemia

Was an operation performed? no Date of no

For what disease or injury?

Name of operation Chord Date of no

What test confirmed diagnosis? Chord Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Valentine M. D.
(Address) 16 S. Broadway

FILED

19

REGISTRAR

29235

HEALTH DEPARTMENT—CITY OF BALTIMORE 29235

CERTIFICATE OF DEATH

Registered No. 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

Ora B. McSwain(a) Residence: No. 520 N. Washington St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Blanche E. McSwain
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 21, 18987. AGE Years 38 Months 1 Days 28 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year) Nov 23, 1936
11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) Patterson Springs
(State or country) North Carolina13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Blanche E. McSwain
(Address) 520 N. Washington St18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Nov 23 193619. UNDERTAKER John Williams
(Address) 2008 Calver Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held in inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date ofFor what disease or injury? -Name of operation Chloroform Date ofWhat test confirmed diagnosis? Chloroform Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury -, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Williams(Address) 1918 E. North Ave.

Coroner

M. D.

✓ F 29236

29236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Path General Hosp 5-2*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1815 N. Payson* St., *West Path General Hosp 5-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Samuel*6. DATE OF BIRTH (month, day, year) *Nov. 19, 1936*7. AGE Years *62* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work at Home* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*FATHER 13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*MOTHER 15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Powder Mill* Date *11-20-36*19. UNDERTAKER *John J. Lewis Inc* (Address) *439 S. Baltimore St*20. FILED 19 *11-20-36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 19* 19 *36* to *Nov. 19* 19 *36*I last saw her alive on *Nov. 19* 19 *36* Death is said to have occurred on the date stated above, at *6:30* p.m.

The principal cause of death and related causes of importance were as follows:

Sub-acute bacterial endocarditis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *H. S. Shankel* M. D.(Address) *West Path General Hosp*

F 29237 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29237

18095

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward 13-3)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Savoy, Thomas William

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 2625 Florence St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of unknown (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 2/6/1856

7. AGE Years 80 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Cornelius Savoy

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Cemetery Date Nov 20 1936

19. UNDERTAKER Chas. H. Wopner (Address) 314 N. Calhoun St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17, 1936

22. I HEREBY CERTIFY. That I attended deceased from 5-28, 1936 to 11-17, 1936

I last saw h. l. m. alive on 11-17, 1936 Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

Several

years

Other contributory causes of importance:

Was an operation performed? Yes

Date of

For what disease or injury? Removal of Catgut

What test confirmed diagnosis? Yes

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John F. Ranney M. D.

(Address) Baltimore City Hospital

29238

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29238

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Garrison Blvd. St. 15-8 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Raymond Norwood Hoblitzell

(a) Residence: No. 2905 Garrison Blvd. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 1876

7. AGE Years 60 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Attorney-at-law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford County Md. (State or country)

13. NAME Rev. S. A. Hoblitzell

14. BIRTHPLACE (city or town) Cumberland Md. (State or country)

15. MAIDEN NAME Ella Virginia Follin

16. BIRTHPLACE (city or town) Forestville Va. (State or country)

17. INFORMANT Mrs. R. F. Maddox (Address) 2905 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL Pl. 2101 Mt. Airy, Md. Date Nov. 21, 1936

19. UNDERTAKER John W. H. H. (Address) 1700 Cedar Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1932 to November 19, 1936

I last saw him alive on November 2, 1936 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Myocarditis
Nephropathy - Rt. 1st mo. duration

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinique Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. H. H. Fort.

M. D.

(Address) 20 E. Preston St.

29239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29239

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. 30th

S. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter T. McAuliffe

If U. S. Veteran

specify WAR

(a) Residence: No. 300 E. 30th

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Ida Ballenger (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1859

7. AGE Years 76 Months 11 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O employee 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina (State or country)

13. NAME John McAuliffe

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Annie --

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Derby A. Lynch (Address) 309 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL All Faith, St. Mary Co. Date Nov. 21, 1936

19. UNDERTAKER (Address) 1900 Eutaw Place

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to November 18, 1936

I last saw him alive on November 18, 1936. Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation

Date of onset

Other contributory causes of importance:

Coronary atherosclerosis

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Clinical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed)

2435 Maryland Ave.

M. D.

29240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29240

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3237 STAFFORD)

2. FULL NAME

(a) Residence: No. 3237 STAFFORD

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *MALE* 4. Color or Race *WHITE* 5. Single, Married, Widowed, or Divorced (write the word) *WIDOWED*6a. If married, widowed, or divorced HUSBAND of *LAVENIA* (or WIFE of)6. DATE OF BIRTH (month, day, year) *March 9th 1869* Days *11* If LESS than 1 day, hrs. or min.

7. AGE

69

Years

8

Months

11

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

Unknown

15. MAIDEN NAME

Anna Whaley

MOTHER

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Mrs. George Fisher Jr. 3237 Stafford St.

18. BURIAL, CREMATION, OR REBURYAL

Place

London Park Bur. Nov. 21st 1936

19. UNDERTAKER

(Address)

Charles W. Dill. 3109 Frederick Ave.

20. FILED

19

Registrar

Ward

St.

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth?

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 19*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

OCT 12, 19*36* to *Nov 19*, 19*36* Death is saidI last saw him alive on *Nov 19*, 19*36* at *4:10 P.M.*to have occurred on the date stated above, at *4:10 P.M.*

The principal cause of death and related causes of importance were as follows:

*ARTERIOSCLEROSIS**CEREBRAL HEMORRHAGE*

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis? (violence) fill in also the following:

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Edward J. Melan* M. D.(Address) *682 Washington Blvd*

29241

F 29241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Woodlawn Rd St. 7 Ward) Robinson Park

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence: No. 117 Woodlawn Rd St., 7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Harriet Cooper Woodward (or) WIFE of6. DATE OF BIRTH (month, day, year) July 23 18797. AGE Years 57 Months 3 Days 25 If LESS than 1 day, 5 hrs. or 5 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. E. Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westinghouse Electric

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard, Penna (State or country)13. NAME John Woodward14. BIRTHPLACE (city or town) Williamsport Pa (State or country)15. MAIDEN NAME Annie Parker16. BIRTHPLACE (city or town) Williamsport (State or country)17. INFORMANT Harriet C Woodward (Address) 117 Woodlawn Rd18. BURIAL, CREMATION, OR REMOVAL Place To Phila. Date Nov 21 193619. UNDERTAKER Berry Mc Jenkins Inc (Address) Mc Allister Orchard St20. FILED 19 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 193622. I HEREBY CERTIFY. That I attended deceased from on Nov. 19 1936, to 19I last saw him alive on 19 1936 Death is said to have occurred on the date stated above, at 2 10 P.m.

The principal cause of death and related causes of importance were as follows:

Sudden heart attack - angina?
Hypertension, Essential
ventricular fibrillation?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Robert W. Jarvis M. D.(Address) 700 Cathedral St.

18375

29242 HEALTH DEPARTMENT—CITY OF BALTIMORE 29242

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emma Adelle Sanders

If U.S. Veteran

specify WAR _____

(a) Residence: No. 1910 E. Fayette St.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|--|
| 3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|--------------------|------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6-29-36

| | | | | |
|-----------------|-------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 4 months | | 4 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Charles14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Elizabeth Wallbillick16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Nov 21, 193619. UNDERTAKER Thos. J. E. Smith
(Address) 7609 N. Hollins St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 193622. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to 11-18, 1936I last saw him alive on 11-18, 1936. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Essentially SepticemiaDate of onset
10-28-36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. J. Stoney(Address) Baltimore City Hospital M. D.

F 29243

✓ F 29243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14 Ward 13)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U.S. Veteran
Specify WAR

2. FULL NAME

Sara Smallwood (18231)(a) Residence: No. 2200 McCulloh St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 2, 18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.13. NAME Frank Mahoney14. BIRTHPLACE (city or town) (State or country) Mo.15. MAIDEN NAME Lydia ???16. BIRTHPLACE (city or town) (State or country) Mo.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pl. Wt. Cumby County Date 4 of 20 193619. UNDERTAKER
(Address)Archibald S. Gladis
2101 Mc Enoch St.

20. FILED

2201936 14 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 193622. I HEREBY CERTIFY, That I attended deceased from October 27, 1936 to November 18, 1936I last saw him alive on November 18, 1936. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Feb. 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leah H. Feldman M. D.(Address) Baltimore City Hospital

29244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

Registered No.

56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 1822 Ward 6

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Susie Tyner

(a) Residence: No.

410 N. Carrollton Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female Color

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Feb. 28/1915

7. AGE

20

Years

Months

7 6

Days

10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

6/10/36

11. Total time (years) spent in this occupation

1 1/2

12. BIRTHPLACE (city or town) (State or country)

Wilmington N.C.

FATHER MOTHER

13. NAME

Roland Tyner

14. BIRTHPLACE (city or town) (State or country)

Wilmington N.C.

15. MAIDEN NAME

Rosa Johnson

16. BIRTHPLACE (city or town) (State or country)

Wilmington N.C.

17. INFORMANT

(Address)

Roland Tyner Jr. 1215 Myrtle St.

18. BURIAL, CREMATION, OR REMOVAL

Buried N.C.

Date

Nov 20 1936

19. UNDERTAKER

(Address)

Adolphus Halstead

20. FILED

1936

To

A.P.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/18/1936

22. I HEREBY CERTIFY, That I attended deceased from

6/17/1936 to 11/18/1936

I last saw her alive on 11/18/1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis Rheumatic carditis

Date of onset

Other contributory causes of importance:

Sub-acute abscess of left side.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

D. T. Pottinger

M. D.

(Address)

Franklin Square

29245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-27

Church Home & Infirmary 13-27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Miss Mary Kirk

If U.S. Veteran
specify WAR

(a) Residence: No. 2001 Park Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Nov. 16 1848

7. AGE 88 Years 0 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Jacob Kirk

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Clarissa Whitaker

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Clara Aiken

(Address) 709 N. Red

18. BURIAL, CREMATION, OR REMOVAL

Place Union Chapel Co. Date Nov. 21 1936

19. UNDERTAKER

(Address) 22 Madison Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1936 to Nov. 19 1936

I last saw her alive on Nov. 19 1936 Death is said to have occurred on the date stated above, at 9⁰⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Fracture of Left Femur

Date of onset

Other contributory causes of importance:

Fracture of Left Femur

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident of injury Nov 14 1936

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tripped over rug

Nature of injury Fracture of Left Femur

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Hugh C. Algerfritz

M. D.

(Address)

Church Home & Infirmary

F 29246

F 29246 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2 E. Montgomery St.
CITY OF BALTIMORE: (No. 2 E. Montgomery St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosaria Mirra

(a) Residence: No. 2 E. Montgomery St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. Color or Race Withe 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of of the late Paolo Grande (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6 1871

7. AGE 65 Years 1 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Torre del Greco Italy (State or country)

13. NAME Pasquale Mirra
14. BIRTHPLACE (city or town) Torre del Greco Italy (State or country)

15. MAIDEN NAME Graziella Facente
16. BIRTHPLACE (city or town) Torre del Greco Italy (State or country)

17. INFORMANT Giuseppina Monaco 2 E. Montgomery (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Nov. 21 1936

19. UNDERTAKER Frank Della Rose (Address) 52 N. Morley St.

20. FILED 1936 17 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/36

22. I HEREBY CERTIFY That I attended deceased from 11-17-1936 to 11-18-1936. I last saw him alive on 11-18-1936. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Angina pectoris.

Date of onset

6 mos

Other contributory causes of importance:

Coronary Thrombosis

3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

S. J. S. M. D. Medical arts

20247

F 29247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *935 Hill*)St. *12-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *79* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Anthony S. Kraeger(a) Residence: No. *935 Hill*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Emma L. Kraeger*C. DATE OF BIRTH (month, day, year) *May 12, 1853*7. AGE Years *83* Months *6* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Restaurateur*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *17 years* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Kraeger*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Juliana Tim*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Emma L. Kraeger* (Address) *935 Hill St*18. BURIAL, CREMATION, OR REMOVAL *New Cathedral Cem.* Date *Nov. 23, 1933*HENRY SANDER & SONS, INC. *Henry P. Sander*19. UNDERTAKER (Address) *Baltimore & Broadway*

20. FILED 21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 6, 1936* to *Nov. 19, 1936*I last saw him alive on *Nov. 19, 1936* Death is said to have occurred on the date stated above, at *10:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Typhoid
Dysentery Bacillary
with hemorrhage from
intestinal varicosities.

Other contributory causes of importance:

*Stomach changes.*Was an operation performed? *No* Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis *Clinical* as there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *George S. Patterson* M. D.(Address) *432 S. Patterson Park Dr.*

29248
32

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29248

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____

St. 1-12 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Herman BernhardtIf U.S. Veteran
specify WAR _____(a) Residence: No. 401 S. Robinson

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 9-8-367. AGE Years Months Days If LESS than
2 11 1 day, _____ hrs.
or, _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) md13. NAME Herman Bernhardt14. BIRTHPLACE (city or town)
(State or country) md15. MAIDEN NAME Cecilia Hartman16. BIRTHPLACE (city or town)
(State or country) md

17. INFORMANT

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Cem. Date Nov. 21. 1936

19. UNDERTAKER

HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 193622. I HEREBY CERTIFY, That I attended deceased from
Nov 13, 1936, to Nov 19, 1936I last saw him alive on Nov 19, 1936. Death is said
to have occurred on the date stated above, at 8:32 p.m.The principal cause of death and related causes of
importance were as follows:diarrhea, non-specific.Date of onset
Nov 7 '36

Other contributory causes of importance:

sepsissepticemiaNov '36Nov '36Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Blood cultureWas there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Irving Rosenbaum, Jr.(Address) Johns Hopkins Hospital

M. D.

F 29249

F 29249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Bank Street St. 2-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia E. Matthai

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1734 Bank Street

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug. 27, 1858

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 78 | 2 | 22 | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work | 11. Total time (years) spent in this occupation 37 |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Christian E. Matthai

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Miss Eva Matthai
(Address) 1817 E. 29th Street18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 21, 1936Henry Sander & Son, Inc.
Baltimore & Broadway

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1936

22. I HEREBY CERTIFY. That I attended deceased from Jan. 21, 1936 to Nov. 17, 1936

I last saw her alive on Nov. 17, 1936 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

1 hr

Other contributory causes of importance:

Senile Cardiac Disease

1 yr

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation None

Date of _____

What test confirmed diagnosis? Sharp & Gies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Chas. S. Keer

M. D.

(Address)

408 E. Patterson Park

29250

F 29250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Regester St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

If U. S. Veteran

specify WAR.....

2. FULL NAME

Joan Helen Elliott(a) Residence: No. 212 S. Anson St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|----------------------------------|---|
| SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u> |
|----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 3 1936

| | | | | |
|--------|-------|----------|-----------|--------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day,hra. or min. |
| | | <u>1</u> | <u>17</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME James Elliott14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Antonetta Woligorski16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT James Elliott
(Address) 212 S. Anson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Roccoy. Date Nov. 21 1936

19. UNDERTAKER

W. W. Ozyewski
(Address) 1930 Eastern Ave.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 193622. I HEREBY CERTIFY, That I attended deceased from Nov 15 30 to Nov 19 86I last saw him alive on Nov 15, 19..... Death is said to have occurred on the date stated above, at 3.2 m.

The principal cause of death and related causes of importance were as follows:

Enteritis

Other contributory causes of importance:

Was an operation performed? Yes Date ofFor what disease or injury? YesName of operation Yes Date ofWhat test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

F 29251

29251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Edward Fredgon*U. S. Veteran
specify WAR(a) Residence: No. *1409 Barnes* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *S*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

*1923*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
13 — —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country)FATHER 13. NAME *Joseph Fredgon*
14. BIRTHPLACE (city or town) *N.E.*
(State or country)MOTHER 15. MAIDEN NAME *Gertrude Poole*
16. BIRTHPLACE (city or town) *N.E.*
(State or country)17. INFORMANT *Joseph Fredgon*
(Address) *1409 Barnes St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *1409 Barnes St.* Date *11/20* 1919. UNDERTAKER *Rayner Sanders*
(Address) *1473 E. Preston St.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-16* 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held *inquest & autopsy* and from the evidence obtained by *inquest & autopsy* that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

11/15
36

Other contributory causes of importance:

*Stab wound of abdomen*Was an operation performed? *yes* Date of *11-15-36*For what disease or injury? *Stab wound of abdomen*Name of operation *Abdominal incision* Date of *11-15-36*What test confirmed *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or *homicide* Date of injury *11-13* 19*36*Where did injury occur? *Barnes & Edgewood Baltimore*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of Injury *Knife wound of abdomen*Nature of Injury *Stab wound of abdomen*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George F. Quinn* M. D.(Address) *507 Kensington St.*

F 29252

F 29252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 76-5 Ward)Registered No. 160-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 639 Russell St.,Ward. 9

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 4, 19367. AGE 1 Years 10 Months 10 Days LESS than 1 day, 10 hrs. or 10 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) England13. NAME Philip Hick14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Rebecca Hawk16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Med School Date NOV 20 193619. UNDERTAKER (Address) Commissioner of Health20. FILED 2768 Per H. A. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 193622. I HEREBY CERTIFY, That I attended deceased from November 5, 1936 to November 5, 1936I last saw him alive on November 5, 1936 Death is said to have occurred on the date stated above, at 10³³/₄ a.m. (11/5/36)The principal cause of death and related causes of importance were as follows: Infant's hemorrhage Date of onset Birth

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph F. Lusk, Jr. M. D.(Address) The Johns Hopkins Hospital

F 29253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 43

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maryela Barnett

If U.S. Veteran specify WAR

(a) Residence: No 208 Prospect St. St., Ward Chestnut Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/17/09

7. AGE Years 26 Months 27 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Maids

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME Clarence Shinn

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME Rena Barnett

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Records -

18. BURIAL, CREMATION, OR REMOVAL

Place

J. H. Med School NOV 20 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-15-1936

22. I HEREBY CERTIFY. That I attended deceased from Oct-29 1936 to Nov-15 1936

I last saw him alive on Nov. 15 1936 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Actinomycosis of Lung
Heart, L. Liver, Spleen, Kidneys, Skin, BrainDate of onset
May 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not, specify

(Signed)

(Address)

James H. Haviland
Johns Hopkins Hospital

M. D.

2767

F 29254

29254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-2 Ward)Length of residence in city or town where death occurred 52 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

2. FULL NAME Harry Slaughter(a) Residence: No. 306 N. High St St. 5-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 22, 18847. AGE Years 52 Months 1 Days 26 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stone quarry
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandFATHER 13. NAME Robert Slaughter
14. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandMOTHER 15. MAIDEN NAME Mary Rice
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT John B. Bader
(Address) 306 N. High St.18. BURIAL, CREMATION, OR REMOVAL NOV 20 1936
Place Univ. of Med. Date19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 31 1936 to Nov 18 1936I last saw him alive on Nov 18 1936. Death is said to have occurred on the date stated above, at 9:45 AM.

The principal cause of death and related causes of importance were as follows:

uremia
pyelonephritis

Date of onset

10-31-3611-14-36

Other contributory causes of importance:

cystitis
pneumonia

Date of onset

10-15-36Was an operation performed? no Date of Nov 18

For what disease or injury?

What test confirmed diagnosis? Bl. Urea Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

W. Grafton Hersperger
Mercy Hospital

M. D.

9235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 W. Fayette St St 20-1 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Wallace Goldsborough

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

Specify WAR

(a) Residence: No. 1901 W. Fayette St St, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Kathryn M. Goldsborough (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 11-1871

8. AGE Years 65 Months 3 Days 8 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) St. Marys County (State or country) Maryland

14. NAME Joseph L. Goldsborough

15. BIRTHPLACE (city or town) St. Marys County (State or country) Maryland

16. MAIDEN NAME Philemah Jarboe

17. BIRTHPLACE (city or town) St. Marys County (State or country) Maryland

18. INFORMANT Mr. Jerome J. Goldsborough (Address) 1901 W. Fayette St.

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 21-1936

20. UNDERTAKER

(Address) H. B. Stippert & Sons 300 E. Main Place

FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1934 to Nov 17 1936

I last saw him alive on 11/19/36 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

2 days

Other contributory causes of importance:

Chronic myocarditis with hyaline degeneration

5 yrs

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

29256

F 29256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 2-1

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran
specify WAR

2. FULL NAME Mary Kujawa

(a) Residence: No. 2020 E. Pratt St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Stanley Kujawa
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 70 1936

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Poland

13. NAME

M. Kujawa

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

M. Kujawa

16. BIRTHPLACE (city or town)
(State or country)

B. C. H. Records

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS CEM Date Nov 21st 1936

19. UNDERTAKER
(Address)George A. Weber
705 - 1st Ave. N.

20. FILED

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1936 to 11-19 1936

I last saw her alive on 11-19 1936 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset
3-4 days

Other contributory causes of importance:

Basal cell Carcinoma of nose

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes, specify

(Signed)

John F. Rainey
Baltimore City Hospital

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29257

CERTIFICATE OF DEATH

F 29257

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N. Calvert St. 11-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Hahn

If U.S. Veteran
specify WAR

(a) Residence: No. 1224 N. Calvert St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Lewis Hahn
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 1865

7. AGE Years 71 Months 72 Days 9 If LESS than 1 day, hrs. 24 min. 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME Charles H. McClean
14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

15. MAIDEN NAME Isabel P. Muller
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Lewis Gordon Hahn
(Address) 1224 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 21 1936

19. UNDERTAKER John H. Denny
(Address) 715 Light St

20. FILED H. H. Hahn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/14 1936 to 11/19 1936

I last saw him alive on 11/18 1936 Death is said to have occurred on the date stated above, at 1:30 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis ?

Other contributory causes of importance:

Atherosclerosis ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Dr. Bernard West M. D.

(Address) 1216 N. Calvert St

20 20 1936

29258

HEALTH DEPARTMENT—CITY OF BALTIMORE

29258

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *543 N. Hamburg* St. *21-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *58* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *543 N. Hamburg* St., Ward.

(Usual place of abode)

If U.S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of *Elizabeth J. Wagner* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 17 1859*7. AGE Years *77* Months *1* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Machinist*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Endow Savings & Bond*10. Date deceased last worked at this occupation (month and year) *Nov 18 1936* 11. Total time (years) spent in this occupation *60*12. BIRTHPLACE (city or town) *Holland* (State or country)13. NAME *George E. J. Wagner*14. BIRTHPLACE (city or town) *Holland* (State or country)15. MAIDEN NAME *Madeline LaBelle*16. BIRTHPLACE (city or town) *Holland* (State or country)17. INFORMANT *Elizabeth J. Wagner* (Address) *543 N. Hamburg*18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn Cem.* Date *Nov 21 1936*19. UNDERTAKER *John F. Dennis* (Address) *715 Light St.*20. FILLED BY *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 18 1936*22. HEREBY CERTIFY. That I attended deceased from *February 1936* to *Nov. 18 1936*I last saw him alive on *Nov. 18 1936* Death is said to have occurred on the date stated above, at *3:25 p.m.*The principal cause of death and related causes of importance were as follow: *General Arteriosclerosis* Date of onset *2-3 yrs**Chronic Int. Nephritis* *2-3 yrs**Chronic Arthritis* *2 yrs*Other contributory causes of importance: *Atherosclerosis* *1/2 day*Was an operation performed? *No* Date ofFor what disease or injury? *No*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injuryWhere did injury occur? *No* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *No*Manner of injury *No*Nature of injury *No*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *No*(Signed) *E. S. Mawr* M. D.(Address) *174 Calverton St.*

11-18-36

11-18-36

11-18-36

OV 20 1936

29259 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Warren Ave., S. 22-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Lee Whitehead

(a) Residence: No. 218 Warren Ave., St. Ward. (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Emmitt Whitehead (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1961

7. AGE Years 75 Months 8 Days 9 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portsmouth, Va. (State or country)

13. NAME George Johnson

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Lloyd Quinn (Address) 218 Warren Ave.,

18. BURIAL, CREMATION, OR REMOVAL Place Portsmouth, Va. Date Nov. 20, 1936

19. UNDERTAKER John J. Slattery (Address) 715 Light St.

20. REGISTRAR (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1936

22. I HEREBY CERTIFY. That I attended deceased from April 5, 1935 to Nov. 19, 1936

I last saw her alive on Nov. 18th 1936 Death is said to have occurred on the date stated above, at 5.30A.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis, chronic aortic regurgitation, chronic interstitial nephritis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? D.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signature) Harry Deibel M. D. (Address) 1224-1226 Hanover St.

NOV 20 1936

M. D. B 1238-9
29230

F 29230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Chester St., 8-7 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1206 N. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced

Married Stanislaus Hudzik
(or Widowed)6. DATE OF BIRTH (month, day, year) 18447. AGE Years 92 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME John Rejewski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Hudzik16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Agnes Dorn(Address) 1206 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Nov. 23rd. 193619. UNDERTAKER George A. Weber(Address) 705 S. ...

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19. 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cerebral FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Chronic

Date of

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul ...(Address) 1919 E. North Ave.

Coroner

M. D.

F 29261

29261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Samuel Burgess

6. DATE OF BIRTH (month, day, year)

7. AGE 79 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Mrs. Burgess 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Graham 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Burgess Sava 18. RITUAL, CREMATION, or REMOVAL

19. UNDERTAKER Lloyd Nasser 20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1936 to Nov. 20, 1936

I last saw him alive on Nov. 20, 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows: Chronic hypothyroidism, pneumonia

Other contributory causes of importance: Terminal pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. H. Robinson M. D.

(Address) University Hospital

F 29262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 17 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henrietta Horner

If U.S. V. specify War

(a) Residence: No.

267 N. Hartley St.

Ward.

York Pa.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced

(or) WIFE of

With him

6. DATE OF BIRTH (month, day, year)

4/4/64

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

7

16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H - Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Penn -

FATHER

13. NAME

David Hutz Pa

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Rebecca Gift Pa

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Rebecca

18. BURIAL, CREMATION, OR REMOVAL

Place

Respect Hill Cemetery Nov 20 1936

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 3 1936 to Nov. 20 1936

I first saw him alive on Nov. 20 1936 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Carcinoma of left ovary

Carcinoma of lungs - secondary

Date of onset

Nov 20 1934

Other contributory causes of importance:

Diabetes mellitus

1932

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Rankin C. Blount

M. D.

(Address)

Johns Hopkins Hosp.

29263

Diering

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29263

✓ 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Allemdale St. 15th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 2507 Allemdale St. 15th Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10 1861

7. AGE Years 74 Months 11 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John F. Diering

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Mary Diering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Diering (Address) 2507 Allemdale St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Nov 23 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry) and that said deceased came to death on the 20th day of Nov 1936

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

29264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29264

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wd. Gen Hosp 8-4* Ward)Length of residence in city or town where death occurred *122-3* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Schmidt

If U. S. Veteran

specify WAR

No Record

(a) Residence: No.

2207 E. Green St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 30, 1866*7. AGE Years *70* Months *7* Days *19* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Andrew Schmidt*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Helmina Stuck*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mr. Mary E. Owens* (Address) *3921 Reginald Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *11/23* 19*36*

19. UNDERTAKER

(Address) *1214 E. South St*

20. FILED

11-23-36

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/19/36*22. I HEREBY CERTIFY, That I attended deceased from *11-13-36* 19 to *11-19-36* 19I last saw him alive on *11-19-36* 19 Death is said to have occurred on the date stated above, at *5:40 p.m.*

The principal cause of death and related causes of importance were as follows:

intestinal obstruction

Date of onset

Other contributory causes of importance:

Pulmonary Embolus

Was an operation performed?

*yes*Date of *11-19-36*

For what disease or injury?

intestinal obstruction

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. Stephens
Wd. Gen Hosp

M. D.

F 29265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____ Place _____ Date _____

19. UNDERTAKER _____ (Address) _____

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner _____

M. D. _____

29266

✓ F 29266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 W. Baltimore St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Rose Stine

(a) Residence: No. 1816 W. Baltimore St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

5a. If married, widowed, or divorced, HUSBAND of Late William Stine (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1855.

7. AGE 81 Years 9 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Lyles

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sussana Wells

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Ella L. McDowell (Address) 1816 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Nov. 21, 1936

19. UNDERTAKER Harry Hutzke (Address) 101 Sanderson Ave.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/36

22. I HEREBY CERTIFY That I attended deceased from Oct 23, 1936 to Nov. 18, 1936

I last saw her alive on Nov. 18, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Chronic Interstitial Nephritis
Cerebral Edema

Date of onset

1934

1935

Nov. 5-36

Other contributory causes of importance:

Senility

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Exam. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

29267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *A-4* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

Bernard Hechel

(a) Residence: No.

602 Venable Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Mar. 11, 1910

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*21**8**8*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Farmer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation*1086*12. BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

13. NAME

*George Hechel*14. BIRTHPLACE (city or town)
(State or country)*Md.*

15. MAIDEN NAME

*Rose Katzenburger*16. BIRTHPLACE (city or town)
(State or country)*Md.*

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *11/23/36*

19. UNDERTAKER

(Address)

J. J. Doherty & Sons
1317 Light

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*April 17, 1936, to Nov. 19, 1936*I last saw him alive on *Nov. 19, 1936* Death is said
to have occurred on the date stated above, at *8:30* P.M.The principal cause of death and related causes of
importance were as follows:*Rheumatic Cardio-vascular*
(disease)

Date of onset

?

Other contributory cause of importance:

*Subacute Bacterial Endocarditis**Dec.*
*1935*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. Grafton Herrogruy* M. D.(Address) *Mercy Hospital*

NOV 21 1936

Exley

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital - 1* St., *Life* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Sarah E. Howe*(a) Residence: No. *1947 Edmonson Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Thos Howe* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 18 - 1865*7. AGE Years *71* Months *10* Days *2* If LESS than 1 day, ...hra. or ...min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Int Washington* (State or country) *Baltimore Md*13. NAME *Lourence Mahoney* 14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Mary O'Brien* 16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Mr Carroll Howe (son)* (Address) *2240 W. Baltimore St.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Marys Cem. Nov 11/23* 193619. UNDERTAKER *John J. Fahrens & Sons* (Address) *1318 Light St.*20. FILED 19 *Nov 21 1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 20 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset *1935*

Other contributory causes of importance:

Hypostatic Pneumonia 3 daysWas an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *W*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *John H. Phillips* M. D.

Coroner

(Address) *1939 Edmonson Ave*

269

HEALTH DEPARTMENT—CITY OF BALTIMORE

29269

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Brentwood St. 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ira Linton Kinney

If U. S. Veteran

specify WAR

(a) Residence: No. 2404 Brentwood St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Color 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMartha

6. DATE OF BIRTH (month, day, year)

Nov 15 - 1881

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.555

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

Foundry

10. Date deceased last worked in this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hamm - Va.

13. NAME

Ira Kinney

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Pauline Jelman

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Martha Kinney wife
2404 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's An. Date Nov 22, 1936

19. UNDERTAKER

(Address)

Wm. A. H. O. Elliot - daughter
1129 S. Caroline St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936 to Nov 20, 1936I last saw him alive on Nov 19, 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset Aug 1935

Other contributory causes of importance:

Chronic Lead Poisoning 1933

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Jelmon M. D.(Address) 2329 Elmwood Ave

OV 21 1936

F 29270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29270

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *10*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Evelyn Roach*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 1891*7. AGE Years *45* Months *7* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) *Nov. 16, 1936*11. Total time (years) spent in this occupation *20 yrs*12. BIRTHPLACE (city or town) *Parkston*
(State or country) *Ind.*

FATHER

13. NAME *George Roach*14. BIRTHPLACE (city or town) *unknown*
(State or country)

MOTHER

15. MAIDEN NAME *Lillie B. Bull*16. BIRTHPLACE (city or town) *unknown*
(State or country)17. INFORMANT *Mrs Evelyn Roach*
(Address) *Woodlawn, Ind.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Middleton, Ind.* Date *Nov. 23, 1936*19. UNDERTAKER *P. Marklin & Son*
(Address) *White Hall, Ind.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-20-36*22. I HEREBY CERTIFY, That I attended deceased from *11/17/36* to *11/20/36*I last saw him alive on *11/20/36* Death is said to have occurred on the date stated above, at *10:00 PM*

The principal cause of death and related causes of importance were as follows:

*Lobar pneumonia*Date of onset *11/18*

Other contributory causes of importance:

Name of operation *absent* Date of *11/18*What test confirmed diagnosis? *X-ray* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

NOV 21 1936

9271

HEALTH DEPARTMENT—CITY OF BALTIMORE

29271

CERTIFICATE OF DEATH

1. PLACE OF DEATH *PROVIDENT Hospital* 24 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.
 2. FULL NAME *HENRIE T. WILLIAMS*
 (a) Residence: No. *775 1/2 N. Mulberry St.* Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Child*

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Nov. 4 - 1930*

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
6 - - 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School ?*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore Md*
 (State or country)

13. NAME *Henry Williams*

14. BIRTHPLACE (city or town) *Alabama*
 (State or country)

15. MAIDEN NAME *Estie Pollard*

16. BIRTHPLACE (city or town) *William Co. Va*
 (State or country)

17. INFORMANT *Donnie Hardy (Aunt)*

(Address) *410 Myrtle Ave*

18. BURIAL, CREMATION, OR REMOVAL *Calvary* Date *Nov. 21, 1936*

19. UNDERTAKER *W. B. Sprigg*

(Address) *501 N. Broadway*

20. FILED *21 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11 - 17 - 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *Inquiry* thereon and from the evidence obtained by said *Inquest, Autopsy or Inquiry* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Subcutaneous meningitis
 Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
 Accident, suicide, or homicide? _____ Date of injury *Nov. 22, 1936*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *Hubert Bailey Auto* M. D.
 Coroner

(Address) *407 N. Charles*

29272 HEALTH DEPARTMENT—CITY OF BALTIMORE ^F 29272

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pier #4 Pratt* St. *11-2* Ward)Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1306 Butler St* St., *11-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *183*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 12, 1890*7. AGE Years *46* Months *2* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *0023*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chauffeur*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Berlin* (State or country) *N.C.*13. NAME *Peter Davis*14. BIRTHPLACE (city or town) *N.C.* (State or country)15. MAIDEN NAME *Frances Henry*16. BIRTHPLACE (city or town) *N.C.* (State or country)17. INFORMANT *Jennie Davis* (Address) *1306 Butler St*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *11/21*, 19*36*19. UNDERTAKER *Wm. A. Dickson* (Address) *116 E. Franklin*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/14*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) *Autopsy*

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drowned

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury *11/14*, 19*36*Where did injury occur? *Butts Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place Pier 4 Pratt*Manner of injury *Fell in harbor*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Erin B. Hattall* M. D.(Address) *1031 St Paul St*

OV 21 1936

29273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29273

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St., *10* - *1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*John Sanner*Registered No. *97*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. *1200 - Valley* St., *10* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1863*7. AGE Years *73* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *John Sanner*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Mary Beetle*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Sister Stanislas Sup.*
(Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Nov 23, 1936*19. UNDERTAKER *Pita Wiedefeld*
(Address) *901 Pennsylvania Ave*20. FILED *NOV 21 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 20 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept* 1931, to *Nov 20* 1936I last saw him alive on *Nov 18* 1936 Death is said to have occurred on the date stated above, at *9:10 A.* m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Senility
Asthma

Was an operation performed? Date of

For what disease or injury?

Name of operation *Phys* Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *L. M. C. Parker*

M. D.

(Address) *1114 Harford Ave*

29274

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29274

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 N. Collington Ave. 8th Ward)

Registered No. 4673

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William F. Snyder

If U.S. Veteran specify WAR

(a) Residence: No. 1521 N. Collington Ave. Str. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Emma M. Snyder (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26-1880

7. AGE Years 56 Months 4 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. Mechanic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6086

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John F. Snyder 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Hess 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Emma M. Snyder. (Address) 1521 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Nov. 21 1936

19. UNDERTAKER George W. Gubler (Address) 1737 E. Eager St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1935 to Nov. 11, 1936

I last saw him live on Nov. 17, 1936 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach

Date of onset

?

Other contributory causes of importance:

Yes Gastro-Enterostomy Date of July 11, 1935

For what disease or injury? Obstruction due to Cancer of Stomach

What test confirmed diagnosis? Operative & biopsy

23. If death was due to external causes (violence) fill in also the following: Was there an autopsy? No

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1514 N. Patterson Park

25. FILED Registrar

21 1936

29275

✓ F 29275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton* St., *6* Ward)

107-a

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME *Mary C. Mercer*

If U.S. Veteran

specify WAR

(a) Residence: No.

3006 Stafford

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed,
 or Divorced (write the word) *married*

6a. If married, widowed, or divorced
 HUSBAND of *Jacob Mercer*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 8, 1865*

7. AGE Years Months Days If LESS than
70 *11* *11* 1 day.....hrs.
 or.....min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *Thomas J. McDonald*

14. BIRTHPLACE (city or town) *Ireland*
 (State or country)

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (city or town) *Ireland*
 (State or country)

17. INFORMANT *Clarence J. Mercer*
 (Address) *561 S. Longwood St.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Landon Park Cemetery* Date *Nov. 23, 1936*

19. UNDERTAKER *J. Alton Boykin*
 (Address) *700 E. North Ave.*

FILED
 NOV 21 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 19, 1936*

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 15, 1936, to Nov. 19, 1936

I last saw him alive on *Nov. 19, 1936*. Death is said
 to have occurred on the date stated above, at *2³⁰* m.

The principal cause of death and related causes of
 importance were as follows:

Generalized Arteriosclerosis
Bronchial Pneumonia

Date of onset

*1933**11-14-36*

Other contributory causes of importance:

Senility

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Louis S. Lewelyn* M. D.

(Address)

St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29276

CERTIFICATE OF DEATH

F. 29276

CITY OF BALTIMORE: (No. *Univ. Hosp.* St. *21-2* Ward) *117-a*

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *57* yrs. *5* mos. *26* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *William Harris*

If U.S. Veteran
specify WAR _____

(a) Residence: No. *1102 W. Hamburg St.* Ward. _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of *Catherine Morris*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 27, 1879*

7. AGE Years *57* Months *5* Days *26* If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *good*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Ind.*
(State or country)

13. NAME *James Harris*

14. BIRTHPLACE (city or town) *Ind.*
(State or country)

15. MAIDEN NAME *Margaret Taylor*

16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)

17. INFORMANT *Mrs Catherine Morris*
(Address) *1102 W. Hamburg St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *New Catholic Ch.* Date *11/23/1936*

19. UNDERTAKER *John J. Cowan & Son*
(Address) *1901 Hollins St.*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-20*, 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *11/14/36*, 19, to *11/20/36*, 19.

I last saw him alive on *11/20/36*, 19. Death is said to have occurred on the date stated above, at *10:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset *11/18/36*

Other contributory causes of importance:

Perforated peptic ulcer *11/14/36*

Was an operation performed? *yes* Date of *11/14/36*

For what disease or injury? *Perforated peptic ulcer.*

What test confirmed diagnosis? *Operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. C. Breiman* M. D.

(Address) *University Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **85 F 29277**

29277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **2210 Penrose Ave**)

Length of residence in city or town where death occurred **14** yrs. **11** mos. **5** ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. **2210 Penrose Ave** St., Ward. (if non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **single**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) **Dec 15, 1921**

7. AGE **14** Years **11** Months **5** Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Balto, Md** (State or country)

13. NAME **William F. Black**

14. BIRTHPLACE (city or town) **Balto, Md** (State or country)

15. MAIDEN NAME **Mary E. Montley**

16. BIRTHPLACE (city or town) **Balto, Md** (State or country)

17. INFORMANT **Mr. William F. Black** (Address) **2210 Penrose Ave**

18. BURIAL, CREMATION, OR REMOVAL Place **Louisa Park** Date **11/23/1936**

19. UNDERTAKER **John J. Conway** (Address) **901 W. Madison St.**

20. FILED **11-23-36**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **11/20/1936**

22. I HEREBY CERTIFY, That I attended deceased from **November 2, 1936 to November 20, 1936**

I last saw him alive on **November 20, 1936** Death is said to have occurred on the date stated above, at **6 A.M.**

The principal cause of death and related causes of importance were as follows:

Epilepsy (Status Epilepticus)

Date of onset

Other contributory causes of importance:

congenital Birth Injury

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Albert J. Glass

M. D.

(Address)

876 Wash. Blvd

29278

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29278

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 W. Fayette St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? 1 yrs. 7 mos. 7 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1608 W. Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 13, 1936

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

7

8. Trade, profession, or particular kind of work done, as spliner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Joseph Wodal Jr

14. BIRTHPLACE (city or town) (State or country)

Cora.

15. MAIDEN NAME

Vernell Black

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Mr. Joseph Wodal Jr. 1608 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olivet Cem. 11/21/36

19. UNDERTAKER

(Address)

John J. Cowan & Son 901 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936 to Nov 20, 1936

I last saw him alive on Nov 19, 1936 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumo-Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED

1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

29279

CERTIFICATE OF DEATH

29279

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City App 11-3* St., *11-3* Ward)Length of residence in city or town where death occurred *4 1/2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *840 N. Howard* St., *11-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Henry Becker*6. DATE OF BIRTH (month, day, year) *July 24/1875*7. AGE Years *61* Months *60* Days *3* If LESS than 1 day, *25* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *37*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Geo. Becker* 14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Gertrude Schmidt* 16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs Emma Miller* (Address) *1431 N. Pat. Pl. Apt. 2*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *11/21/36*19. UNDERTAKER *Philips Henry Sons* (Address) *2016 Lombard St*20. FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 19, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquiry* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio vascular sclerosis

Other contributory causes of importance:

*Myocardial failure*Was an operation performed? *no* Date of *no*For what disease or injury? *no*Name of operation *no* Date of *no*What test confirmed diagnosis? *no* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *no* 19 *no*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *no*Manner of injury *no*Nature of injury *no*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *J. W. Wright* Coroner M. D.(Address) *1010 S. Edmond St*

F 29280 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29280

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. _____)

St. 3-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Beatrice Vogel

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1307 E. Lombard

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov. 27 1935

| | | | | |
|--------|-------|-----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>11</u> | <u>24</u> | <u>23</u> |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME Michael Vogel14. BIRTHPLACE (city or town) Baltimore
(State or country) md.15. MAIDEN NAME Anna Lariv16. BIRTHPLACE (city or town) Russia
(State or country) _____17. INFORMANT Michael Vogel
(Address) 1307 E. Lombard St.18. BURIAL, CREMATION, OR REMOVAL
Place 112nd Carmel Ex. Date Nov. 21st 193619. UNDERTAKER Frank Della Rose
(Address) 52 N. Henry St.

20. FILED

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-pneumonia
(Primary)

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Wheeler(Address) 1919 E. North St.

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND (or) WIFE _____

6. DATE OF BIRTH _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, brick, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFANT _____

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I took charge of the remains described above, held _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) _____

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of death _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) _____

21 1936

Registrar

29232

F 29282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Rutland Ave. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 54 yrs. 4 mos. 4 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1512 Rutland Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

C. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 1-22-36 19

19. UNDERTAKER

(Address)

20. FILED

21 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-36, 1922. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to Nov 19, 1936I last saw him alive on Nov 19, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Ch. Hemiplegia

Date of onset

Feb 1934

Other contributory causes of importance

Recurrent Hemorrhage
Nov 4/36.Was an operation performed? no

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis phys. Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury Nov 19, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

29283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29283

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Pinewood ave. 27-5 93-c Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bridget Granlund

U. S. Veteran
Specify WAR

(a) Residence: No. 3031 Pinewood ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced (or) WIFE of Peter Granlund

6. DATE OF BIRTH (month, day, year) Mar. 1867

7. AGE Years 69 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Devitt

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter (Address) 3031 Pinewood ave

18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Date Nov 23 1936

19. UNDERTAKER John A. Thuan (Address) 3000 E. Baltimore St.

20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/1- 1936 to 11/19 1936

I last saw her alive on 11/15 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Arterial sclerosis
Hypertension

Other contributory causes of importance: Myocarditis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles C. C. M. D.

(Address) 2145 N. Balto St.

F 29284

29284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 S. Decker Ave. St. 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John Derus

(a) Residence: No. 1213 S. Decker Ave. St. Ward. 1st
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-20-36

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 4 days 3 hrs. 15 min. |
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Anna Derus

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Miss. Anna Derus
(Address) 1213 S. Decker Ave.18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's School NOV 21 193619. UNDERTAKER Commissioner of Health
(Address)20. FILED 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-36, 19

22. I HEREBY CERTIFY. That I attended deceased from 11-20-36, 19, to 11-20-36, 19.

I last saw him alive on 11-20-36, 19. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Atelectasis neonatorum

Date of onset

Other contributory causes of importance:

Premature at 20 wks. (about)

Name of operation Date of

What test confirmed diagnosis? Physical signs of death

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation in deceased?

DR. I. B. BRONUSHAS

(Signed) 3037 O'DONNELL ST. M. D.

(Address)

29285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward 3)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 529 N Fremont Ave

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edfred Holmes6. DATE OF BIRTH (month, day, year) Jan 14 - 18897. AGE Years 47 Months 10 Days 4 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Ja12. BIRTHPLACE (city or town) (State or country) Ja13. NAME Daniel Howerton14. BIRTHPLACE (city or town) (State or country) Ja15. MAIDEN NAME Nannie ?16. BIRTHPLACE (city or town) (State or country) Ja17. INFORMANT James Denable
(Address) 1307 W Seneca St18. BURIAL, CREMATION, OR REMOVAL
Place mt. Zion Date Nov 21, 193619. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.20. FILED 1936 19 _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy, or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal
Disease
Obst
Del
15
1936

Other contributory causes of importance: _____

Was an operation performed? me Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Hesley Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Geo. F. Allen M. D.
(Address) 507 Lexington St Coroner

29286 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29286

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Will Andy Myers

If U.S. Veteran

specify WAR

(a) Residence: No. 740 Ryan St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Willie May (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-25-1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 44 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation general 0040

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Jacob Myers

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Violet McGrey

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 23, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schaefer St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1936

22. I HEREBY CERTIFY That I attended deceased from 7-24 1934 to 11-18 1936

I last saw him alive on 11-18 1936 Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 11-18-36

Other contributory causes of importance:

Hypertensive Heart Disease

unk

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John F. Ramsey

M. D.

Baltimore City Hospital

M. D. B. 1268-9
29287

F 29287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *7-3* Ward)

Registered No. *82-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *721 W. Franklin* St., *Ward* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*

7. AGE Years *41* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoemaker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *East Electric Co.*
10. Date deceased last worked at this occupation (month and year) *Carlin Co. Virginia*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *John*

14. BIRTHPLACE (city or town) (State or country) *Virginia*

15. MAIDEN NAME *Susie (Unknown)*

16. BIRTHPLACE (city or town) (State or country) *Virginia*

17. INFORMANT *Minnie Mitchell*

(Address) *424 Pine St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bonora, Va.* Date *Nov 21, 1936*

19. UNDERTAKER *Mrs. Katy R. Williams*

(Address) *322 S. Broadway St.*

20. REGISTRAR *R. A. Williams, M.D.*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 16, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry (Inquest, Autopsy, or Inquiry) obtained, by said inquest, autopsy, or inquiry, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral thrombosis

Other contributory causes of importance: *(?)*

Was an operation performed? Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *N. W. Wright* M. D.
(Address) *1010 S. Elmwood Ave.*

F 29288

M. D. B 1268-9

29288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2235 E. Federal St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND (or) WIFE of Henry D. Shuply6. DATE OF BIRTH (month, day, year) March 1, 18717. AGE Years 65 Months 8 Days 8 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md. (State or country)13. NAME Philip Pole14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Henry D. Shuply (Address) 2235 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Nov 23, 193619. UNDERTAKER George L. Schwab (Address) 2101 Federal Ave

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach

Other contributory causes of importance:

Fastid. HemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation Chin Date of NoWhat test confirmed diagnosis Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul M. Shuply 1918 E. North Ave.

Coroner

M. D.

29289

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29289

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Infirmary

Registered No.

CITY OF BALTIMORE: (No.

St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1-12 hrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John William Conway

If U.S. Veteran
specify WAR

(a) Residence: No. 8 Westminister, Md St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of
(or WIFE of)

Emma Franklin Conway

6. DATE OF BIRTH (month, day, year) 1862-7-28

7. AGE Years 74 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Clementine Penn
16. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)17. INFORMANT M. J. E. Conway
(Address) P. O. Box 100, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Poolesville, Md. Date Nov. 24, 193619. UNDERTAKER C. M. Matz
(Address) Maryland, Md.

20. FILED 1936 Nov 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov. 22, 1936.

I last saw him alive on Nov. 22, 1936. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic cardio-vascular
renal disease with hypertension

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage
Hemiplegia, left

Nov. 19

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If no, specify

(Signed)

John G. Myers, M. D.

(Address)

Church Home & Inf.

F 29290

31960 6
29290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-7 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 406 Beech Ave. St.,

(Usual place of abode)

If U.S. Veteran
Specify WAR

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced

HUSBAND of
(or) ~~Widowed~~

Frances Rea

6. DATE OF BIRTH (month, day, year)

8/28/69

7. AGE

Years

Months

Days

If LESS than
1 day..... hrs.
or..... min.

67

✓

✓3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

N. Y. -

12. BIRTHPLACE (city or town) (State or country)

N. Y. -

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Nov 23, 1936

19. UNDERTAKER

(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 7, 1936, to Nov. 21, 1936

I last saw him alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 5:37 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Nasopharynx

Date of onset

July 1936

Other contributory causes of importance:

Inanition

Oct 1936

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Arriident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Rankin C. Blount M. D.

Johns Hopkins Hosp.

NOV 22 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE 29291

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1692 Union St. Ward Brooklyn 4
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 3/18/09

7. AGE Years 27 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Frank Bettin
14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sophia Friedman
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New York Date 4/23/36

19. UNDERTAKER 1439 8th St.
(Address)

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1936 to Mar. 21, 1936
I last saw her alive on Mar. 2, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant Date of onset 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/20/36
For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Edward S. Stafford M. D.
(Address) John Hopkins Hospital

122 1936

Grace G. Brady

F 29292

F 29292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 N. Calvert St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3105 N. Calvert St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank H. Greenwood

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Berche P. Meginniss

16. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

17. INFORMANT Mrs. Lillian S. Moore (Address) 4 Adams St. Wilmington, D.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19

19. UNDERTAKER (Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1936

22. I HEREBY CERTIFY. That I am in charge of the remains described above, held in (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Calculus Heart Disease?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Coroner

F 29293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29293

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. St. Agnes Convent St. 27-15 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 30 yrs. -- mos. -- ds.

2. FULL NAME

Sister M. Lawrence MonaghanIf U. S. Veteran
specify WAR _____(a) Residence: No. Mt. St. Agnes Convent St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) April 15, 18507. AGE Years 86 Months 7 Days 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME John Monaghan14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Sister Mary Magdalen
(Address) Mt. St. Agnes Convent18. BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes Cem. 11/23 193619. UNDERTAKER Henry W. Meers
(Address) 805 N. Calvert St.

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Nov 12, 1936I last saw him alive on Nov 12, 1936 Death is said to have occurred on the date stated above, at 9:55 am.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic cardiovascular disease
Chronic myocarditis

Date of onset

10 yrs
9 yrs

Other contributory causes of importance:

Broncho pneumonia2 daysWas an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of noWhat test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____
(Signed) Raymond Peters M. D.(Address) 1708 W. Washington St.

F 29294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Darley Ave. St., 9-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pauline Worch

H. S. Veteran

specify WAR _____

(a) Residence: No. 1101 Darley Ave.

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Adam Worch
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) April 3, 1881

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>75</u> | <u>7</u> | <u>16</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Joseph Thorn14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Leontine16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Harry Knapp
(Address) 1101 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place West Hill Cemetery Date Nov. 23, 193619. UNDERTAKER Joseph H. Cook
(Address) 1001 W. Baltimore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Coronary FailureWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Paul M. Healey(Address) 1919 E. North Ave. Coroner

M. D.

29295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-29295

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. Ward 26-4)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 4 yrs. 1 mos. 0 ds.

2. FULL NAME

Frederick Lippmann(a) Residence: No. 3416 Eastern Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isidor6. DATE OF BIRTH (month, day, year) April 19, 18667. AGE 70 Years 7 Months 0 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York (State or country)13. NAME Michael Gerstenberg14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Hannah Cohen16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Isidor Lippmann (Address) 3416 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Ches. Shalom Date Nov. 22, 193619. UNDERTAKER Jol. Livingston & Bros. (Address) 1127 3rd Balto St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 17, 1936 to Nov. 17, 1936I last saw her alive on Nov. 17, 1936 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset Nov 17, 1936

Other contributory causes of importance:

HypertensionWas an operation performed? Yes Date of Nov 17, 1936

For what disease or injury?

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Nov 17, 1936Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place HomeManner of injury StrokeNature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Bernard Lippmann M. D.(Address) Sinai Hospital

F 29296

F 29296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *11-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emile Becker

If U. S. Veteran

specify WAR _____

(a) Residence: No. *202 W. Monument* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John Becker*6. DATE OF BIRTH (month, day, year) *Nov. 11, 1862*7. AGE Years *74* Months *10* Days *8* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Barto. Md.*
(State or country)13. NAME *Henry Lucke*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Louisa Matha*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Louisa Picher*
(Address) *202 W. Monument*18. BURIAL, CREMATION, OR REMOVAL
Place *Louisa Park* Date *Nov 23, 1936*19. UNDERTAKER *Mr. Mrs. John W. Genfel & Son*
(Address) *501 W. Fayette St*20. FILED *24-1885* Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/19, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *cf* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Ernest B. Killam* M. D.(Address) *1031 St. Paul St*

29297

HEALTH DEPARTMENT—CITY OF BALTIMORE

29297

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E. Balto St. 2-2 Ward)Length of residence in city or town where death occurred 35 yrs. 35 mos. 35 ds. How long in U. S. If of foreign birth 35 yrs. 35 mos. 35 ds.

2. FULL NAME

(a) Residence: No. 1817 E. Balto St., 2-2 Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year)

7. AGE Years 78 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) (State or country) Russia13. NAME Lerston Hurwitz14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Moses Farber
(Address) 1817 E. Balto. St18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 11/22/3619. UNDERTAKER Jack Lysy Inc.
(Address) 1439 E. Balto. St20. FILED 1936 11/22/36 11/22/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-36, 193622. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to Nov. 21, 1936.I last saw her alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
chr. myocarditis
chr. nephritisDate of onset
1934
1934
1935

Other contributory causes of importance:

Primary carcinoma
of liverSept.
1936Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Loh. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. A. Michelson M. D.(Address) 2230 Eutan Pl

29298

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29298

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Wylie Ave 27-16 St., 16 Ward)Length of residence in city or town where death occurred: 30 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth: 30 yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. 3013 Wylie Ave St., 16 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WARRegistered No. 59(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>David</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| 7. AGE <u>62</u> | Years <u>00</u> | Months <u>00</u> |
| | Days <u>00</u> | If LESS than 1 day, <u>00</u> hrs. or <u>00</u> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation <u>00</u> <u>37</u> | |

12. BIRTHPLACE (city or town)
(State or country) Russia13. NAME May Kaplan14. BIRTHPLACE (city or town)
(State or country) Russia15. MAIDEN NAME Levin16. BIRTHPLACE (city or town)
(State or country) Russia17. INFORMANT Ben Goldstein
(Address) 3013 Wylie Ave18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Blvd. Date 11/22/3619. UNDERTAKER First Jewish Burial Soc.
(Address) 11439 E. Baltimore St.20. FILED 11-22-36 19 36

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-36 1922. I HEREBY CERTIFY, That I attended deceased from
Oct. 9th 1936 to Nov. 21 1936.I last saw him alive on Nov. 21 1936. Death is said
to have occurred on the date stated above, at 11:30 p.m.The principal cause of death and related causes of
importance were as follows:Diabetes mellitus
arterio sclerosis

Other contributory causes of importance:

Date of onset

19351935Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Lab Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. A. Michalsaw M. D.(Address) 2230 Eutan Place

F 29299

F 29299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Sequoia Ave. St. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 140 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isaac Nathan ForemanIf U.S. Veteran specify WAR No Record(a) Residence: No. 3201 Sequoia Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, ~~husband~~ HUSBAND of Lulu Foreman6. DATE OF BIRTH (month, day, year) Aug 7th 18557. AGE Years 81 Months 3 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Optometrist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Reading Pa (State or country)13. NAME William Foreman14. BIRTHPLACE (city or town) Pa. (State or country)15. MAIDEN NAME Eliza Ridge16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Albert E. Weimert (Address) 208 St. Dunstons Rd18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 24th 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 11/24/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936 to Nov 21, 1936.I last saw him live on Nov 21, 1936 Death is said to have occurred on the date stated above, at 1100 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic Date of onset 7 1935Other contributory causes of importance: arteriosclerosis and givesWas an operation performed? no Date of XFor what disease or injury? XWhat test confirmed diagnosis? X Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1936Where did injury occur? X (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place XManner of injury XNature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) W Van Williams M. D.(Address) 3200 Sequoia Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE 29300

29300

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Herbert 15 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mo. da. How long in U. S. If of foreign birth? 3 yrs. mo. da.

2. FULL NAME

George C Booker

If U.S. Veteran specify WAR _____

No Record

(a) Residence: No. 2023 Herbert

(Usual place of abode)

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Divorced

5a. If married, widowed, or divorced HUSBAND of Margaret J. Booker

6. DATE OF BIRTH (month, day, year) June 5th 1894

7. AGE Years 42 Months 5 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pile Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A. 1082

10. Date deceased last worked at this occupation (month and year) 11/2/36 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Balto (State or country) MD

13. NAME Joseph Booker

14. BIRTHPLACE (city or town) Balto (State or country) MD

15. MAIDEN NAME Clara Ragler

16. BIRTHPLACE (city or town) Balto (State or country) MD

17. INFORMANT Margaret J. Booker (Address) 2023 Herbert St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov 24th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1936, to Nov. 20 1936

I last saw him alive on Nov. 20 1936 Death is said to have occurred on the date stated above, at 6:50 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Nov. 20
1 Day

Other contributory causes of importance:

Intoxication Opium

Nov. 1

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____

(Address) _____

Harry Cohen M. D.
1921 W North Ave

RECEIVED

REGISTERED

F 29301 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Life* Ward)Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. *8-4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2110 E. Biddle St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR *No Records*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 6-1920*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *16 9 13*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked this occupation (month and year) *4/9/36*11. Total time (years) spent in this occupation *9*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-19-36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) *Inquiry* thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Injuries

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Acc* Date of injury *11-19-36*Where did injury occur *Highway* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Auto on Collins street*Nature of injury *Another Auto*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 29302 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Ricoll Ave. ST. 27-8 WARD)

2-FULL NAME

Mary Eliza Goodfellow

(a) RESIDENCE No.

(Usual place of abode)

600 Ricoll Ave.

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds.How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

10 Northwood

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
| <u>Female</u> | <u>White</u> | <u>Married</u> |

5a If married, widowed, or divorced

HUSBAND of
(see) WIFE ofCharles Murray Goodfellow

6 DATE OF BIRTH (month, day, and year)

August 30th 1858

7 AGE

Years

Months

Days

If LESS than
1 day, — hrs.
or — min.78222

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

own home

(c) Name of employer

Self9 BIRTHPLACE (city or town)
(State or country)Huntington, England

PARENTS

10 NAME OF FATHER

John Dewberry

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

England

12 MAIDEN NAME OF MOTHER

Dewberry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

England

14

Informant
(Address)Arthur C. Goodfellow, son
601 Woodlawn Ave. Collingwood

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22nd 1936

17

I HEREBY CERTIFY, That I attended deceased from

October 21st, 1936, to November 22nd, 1936that I last saw her alive on November 21st, 1936and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) 1 yrs. 0 mos. 10 ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical signs

(Signed)

A.S. Chelmsford

M. D.

Nov 22, 1936

(Address)

620 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR RE-
MOVALNot known

20 UNDERTAKER

W. H. Cook

DATE OF BURIAL

11/25 1936

ADDRESS

12170 1/2 Lough

29303

HEALTH DEPARTMENT—CITY OF BALTIMORE 29303

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Since Hospital St 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

John W. Dorsey
305 E. North

St.,

Ward.

No War Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married5a. If married, ~~widowed~~, or ~~divorced~~

HUSBAND of

~~WIFE~~Inez C. Dorsey

6. DATE OF BIRTH (month, day, year)

May 23rd 1881

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.55527

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

W P A 0030

10. Date deceased last worked at this occupation (month and year)

11/16/3611. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country)

Baltomd

FATHER

13. NAME

Myers Dorsey

14. BIRTHPLACE (city or town) (State or country)

Baltomd

MOTHER

15. MAIDEN NAME

Annie C. Leary

16. BIRTHPLACE (city or town) (State or country)

Baltomd.

17. INFORMANT

(Address)

Inez Dorsey
305 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Park

Date

11/24 36

19. UNDERTAKER

(Address)

William Cook
1217 Paul Street

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936 to Nov 20, 1936I last saw him alive on Nov. 20, 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia (Type I m)

Date of onset

Nov 16

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? —What test confirmed diagnosis? typicalWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

I win Sauber
Since Hospital

M. D.

Davidowicz

✓ F 29304

F 29304 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1639 Locust* St. *25-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

Donald Davidowicz

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

1639 Locust St. Curtis Bay Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Feb 11 - 1936*

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or min. *9 11*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *over*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Balto Md*

13. NAME *Constanty Davidowicz*

14. BIRTHPLACE (city or town) (State or country) *Poland*

15. MAIDEN NAME *Anna Dymarska*

16. BIRTHPLACE (city or town) (State or country) *Poland*

17. INFORMANT *Constanty Davidowicz* (Address) *1639 Locust St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Holy Cross R.A.C.* Date *Nov. 24, 1936*

19. UNDERTAKER *Wm. S. Fialkowski* (Address) *8007 Eastern Ave.*

20. FILED _____ 19 ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 22, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 21, 1936* to *Nov 22, 1936*

I last saw him alive on *Nov 22, 1936* Death is said to have occurred on the date stated above, at *14* m.

The principal cause of death and related causes of importance were as follows:

Meningitis

Date of onset

Nov 21/36

Other contributory causes of importance:

Severe Coronary and Hypertension

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Leon P. Harker* (Address) *4720 Huntington*

M. D.

F 29305

✓ F 29305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Franklin Sq. Hosp.
 CITY OF BALTIMORE: (No. 13-5 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred 14 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Nancy P. Perine

(a) Residence: No.

607 W. 33rd

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed,
 or Divorced (write the word) widow

5a. If married, widowed, or divorced
 HUSBAND of Henry L. Perine
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19 1853

7. AGE Years 83 Months 2 Days 1 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. none
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. none
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) md

13. NAME Estelbert Jagg
 14. BIRTHPLACE (city or town)
 (State or country) md

15. MAIDEN NAME Stilling
 16. BIRTHPLACE (city or town)
 (State or country) md

17. INFORMANT me. Perine James
 (Address) Town md

18. BURIAL, CREMATION, OR REMOVAL
Burial in Catholic Date Nov 22, 1936

19. UNDERTAKER Thermon
 (Address) 345 N. 2nd St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 16, 1936, to Nov. 20, 1936

I last saw her alive on Nov. 20, 1936 Death is said
 to have occurred on the date stated above, at 11¹⁰ A m.

The principal cause of death and related causes of
 importance were as follows:

Generalized arteriosclerosis
Hypertensive Cardio-
vascular-Renal disease
Cerebral hemorrhage

Date of onset

11-16-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
 lowing:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) D. J. Battaglin M. D.
 (Address) Franklin Sq. Hosp.

F 29306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. 76 - Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR W.W.

2. FULL NAME John M. Denning

(a) Residence: No. 506 Oldham Street (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Mary Mouzon Denning (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1896

7. AGE Years 40 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Fireman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co. 10. Date deceased last worked at this occupation (month and year) 2-7-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dunn (State or country) N.C.

13. NAME Mayegro Denning

14. BIRTHPLACE (city or town) Dunn (State or country) N. C.

15. MAIDEN NAME Susan Denning

16. BIRTHPLACE (city or town) Dunn (State or country) N. C.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL U.S. National Date Nov 23 1936

19. UNDERTAKER T. M. Feiler 178 (Address) 403 S. Walk St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to November 20, 1936

I last saw him alive on November 20, 1936 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Adeno carcinoma of sigmoid

Date of onset

Feb. 136

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-22-36

For what disease or injury? (Proctoscopy)

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. Feiler M. D.

(Address) U.S. Marine Hospital

NOV 22 1936

29307

F 29307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 N. Belmore Ave St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran

specify WAR

2. FULL NAME Evelyn Gihmeyer

(a) Residence: No. 634 N. Belmore Ave St. 6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Gihmeyer

6. DATE OF BIRTH (month, day, year) Jan 14 1903

7. AGE 33 Years 10 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 37

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME John Bosse

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Anie E. Byrnes

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT John F. Gihmeyer (husband) (Address) 634 N. Belmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Nov 23 1936

19. UNDERTAKER Lily & Butler Dr 403 N. E. 1st St. (Address)

20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935, to Nov 20, 1936

I last saw him alive on Nov 19, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardioricardial Disease 2 yrs.

Date of onset

Other contributory causes of importance:

Acute Pulmonary Edema 2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation Chincal Date of

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Daniel B. M. D.

(Address) 1331 E. North Ave

M. D. R. 124
29308

✓ F 29308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Gorsuch Ave. St. 9-5 Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1119 Gorsuch Ave. St. 9-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Mabel Davis Seibel (or WIFE of)6. DATE OF BIRTH (month, day, year) 18827. AGE Years 54 Months Days If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100% 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Henry Seibel14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME W. Betters16. BIRTHPLACE (city or town) Balto. (State or country) Md.17. INFORMANT Mrs. Mabel Davis Seibel (Address) 1119 Gorsuch Ave.18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 11/23/193619. UNDERTAKER Mary M. Hudefeld (Address) 501 E. 22nd St.20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul M. Hensley M. D. (Address) 1919 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE29309

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. 7-5 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Alice McCreary

(a) Residence: No. Eve Pa St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced
HUSBAND of Frank
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/20/72

7. AGE Years 64 Months 3 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa
(State or country)

13. NAME Jacob Friesler

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Vermont
(State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview, Pa. Date Nov. 22, 1936

19. UNDERTAKER John C. Mitchell & Sons, Inc.
(Address) 1900 E. Main Place

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936 to Nov 22, 1936

I last saw her alive on Nov 22, 1936. Death is said to have occurred on the date stated above, at 9:10 m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis of abdomen

Date of onset 6-8 mo ago

Other contributory causes of importance:

over

Was an operation performed? yes Date of 11-11-36

For what disease or injury?

What test confirmed diagnosis? Laparotomy & Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Hunkeler M. D.
(Address) The Johns Hopkins Hosp

29310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Auchentoroly Terrace St. 13-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Lifetime

2. FULL NAME

JOSEPH P. WHALEN

(a) Residence: No. 3212 Auchentoroly Terrace St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Mary T. Whalen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31st, 1865

7. AGE Years 71 Months 0 Days 21 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman 0032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ba lto. City Fire Dept

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary T. Keafle (Address) 3212 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Nov. 25th 1936

19. UNDERTAKER Chas. P. Graue & Son (Address) 18 W. 1st St. Baltimore

20. FILED

19

Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934, to Nov. 21, 1936

I last saw him alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Myocardial Degeneration

Date of onset

1934

1935

Other contributory causes of importance:

Coronary Occlusion Atherosclerosis Hypertension

Date of onset

1934

1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

29311

HEALTH DEPARTMENT—CITY OF BALTIMORE

29311

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3044 abell ave. St. 12-2 Ward)

Length of residence in city or town where death occurred all lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3044 abell ave. St. Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced: *John V. Langan*
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 14, 1862*7. AGE Years *74* Months *4* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *no paid occupation*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country)FATHER 13. NAME *David Finn*14. BIRTHPLACE (city or town) *Ireland*
(State or country)MOTHER 15. MAIDEN NAME *Margaret Welch*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *daughter, Margaret Langan*
(Address) *3044 abell ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Cathedral Ave* Date *Nov. 24, 1936*19. UNDERTAKER *Chas. H. Davis, Hon.*
(Address) *118 W. Mt. Royal Ave*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 21, 1936*22. I HEREBY CERTIFY. That I attended deceased from *about 5 years ago* 19. to *Nov. 21, 1936*I last saw him alive on *Nov. 20, 1936*. Death is said to have occurred on the date stated above, at *12:40 a.m.*

The principal cause of death and related causes of importance were as follows:

Heart disease (mitral insufficiency)

Date of onset

5 yrs. ago

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Phys.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify _____(Signed) *J. F. Shemwell* M. D.(Address) *3310 Tiroga Parkway*

✓ F 29312

29312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Franklin Lyr. Hosp*
CITY OF BALTIMORE: (No. *19-2* St. *19-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mo. ... da. How long in U. S. if of foreign birth? ... yrs. ... mo. ... da.

2. FULL NAME *Mr. Harry Morningstar*(a) Residence: No. *42 Chatham St.* Ward. *19-2*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of *Mrs. Leila Morningstar*
(and wife)

6. DATE OF BIRTH (month, day, year)

7. AGE Years *65* Months Days If LESS than 1 day, ... hra. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0040*12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Franklin Square Hosp.*
(Address) *Fayette & Chatham St.*18. BURIAL, CREMATION, OR REMOVAL *Westmore*
Place *W. Adams Branch* Date *Nov 27, 1936*19. UNDERTAKER *Wm. Barry May & Sons*
(Address) *Riverside and*20. FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/22/1936*22. I HEREBY CERTIFY, That I attended deceased from *11/15/1936* to *11/22/1936*I last saw him alive on *11/22/1936* Death is said to have occurred on the date stated above, at *5:25* a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the head of the pancreas

Date of onset

Other contributory causes of importance:

arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *D. J. O'Hagan* M. D.(Address) *Franklin Lyr. Hosp.*

F 29313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W North Ave. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 4 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2308 Rodlyn Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1851

7. AGE Years 84 Months 11 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

29314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29314

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *HVID-MEMORIAL HOSP* St. *27-17* Ward)

Registered No. *95-3*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *36* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Miss Sophie Caroline Bartel

(a) Residence: No. *4806 Laurel Ave.* St. *27-17* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 20, 1875*

7. AGE Years *61* Months *4* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*

13. NAME *Chas. Bartel* 14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Caroline Jahnke* 16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Miss Emma Bartel* (Address) *4806 Laurel Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge Cem.* Date *Nov. 23, 1956*

19. UNDERTAKER *Wm. J. Tickner & Son* (Address) *North & Pa. Ave.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 20, 1956*

22. I HEREBY CERTIFY, That I attended deceased from *July 15, 1936* to *Nov 20, 1956* I last saw *her* alive on *Nov 20, 1956* Death is said to have occurred on the date stated above, at *11:40 Am.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Hypertension heart disease

Date of onset

?

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—, 19—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) *Robert H. Hisey* M. D.

(Address) *Union Memorial Hosp.*

29315

HEALTH DEPARTMENT—CITY OF BALTIMORE

18782

F 29315

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Caroline Edna Nolan

If U.S. Veteran specify WAR

(a) Residence: No. 518 E. 25th St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Edward J. Nolan
(or) WIFE of6. DATE OF BIRTH (month, day, year) December 22, 18827. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 10 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 3712. BIRTHPLACE (city or town) (State or country) Md.13. NAME Oliver Cox14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Emma Hildebrandt16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Nov. 23, 193619. UNDERTAKER
(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 193622. I HEREBY CERTIFY, That I attended deceased from 11-17 1936 to 11-20 1936I last saw h. alive on 11-20 1936 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with Congestive failureDate of onset 2 yrs.

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

M. D.

29316 HEALTH DEPARTMENT—CITY OF BALTIMORE 29316

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 E. 38th St. 12-2 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 322 a Bell Ave. St. Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter P. Mullineaux

6. DATE OF BIRTH (month, day, year) Mar. 9, 1877

7. AGE 59 Years 8 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Parsons

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Weaver

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Walter P. Mullineaux

(Address) 513 E. 38th St.

18. BURIAL, CREMATION, OR REMOVAL Place North Park Date Nov 23, 1936

19. UNDERTAKER Wm. H. Hager & Sons

(Address) North & Pacific

20. FIL'D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1936 to November 20, 1936

last saw her alive on November 17, 1936 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset

1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John S. Ruby M. D.
3522 Greenwood Ave

Registrar

29317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 Penna Ave 3-3)

Length of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 2535 Penna Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: J. E. Dolan

6. DATE OF BIRTH (month, day, year): Nov. 12 1861

7. AGE: 75 Years 0 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: Waterloo N.Y.

12. BIRTHPLACE (city or town) (State or country): Edward Wooden

13. NAME: N.Y.

14. BIRTHPLACE (city or town) (State or country): Celia? Seely

15. MAIDEN NAME: N.Y.

16. BIRTHPLACE (city or town) (State or country): Mr. Geo W. Dolan

17. INFORMANT: R.R. #3 Box 461 Annapolis

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Cem. Date: Nov. 23, 1936

19. UNDERTAKER: Wm J. McKee & Sons North & Pa. aves.

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Nov 19, 1936.

I last saw body alive on: Nov 18, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: Physical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred C. Jewett

(Address) 2576 Penn. Ave

M. D.

29318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29318

CERTIFICATE OF DEATH

1. PLACE OF DEATH

MOUNT HOPE RETREAT

CITY OF BALTIMORE: (No. 28-1)

BALTIMORE, MARYLAND

Ward)

Registered No. 93-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? 20 yrs. mos. da.

2. FULL NAME

Margaret Kirby

MOUNT HOPE RETREAT

If U.S. Veteran specify WAR

NONE

(a) Residence: No. 28-1

(Usual place of death)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F

W

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1847

7. AGE

Years

Months

Days

If LESS than 1 day, ... hra. or min.

89

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

James Kirby

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Ann Torrey

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mt. Hope Retreat Records
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Phila. Penna. Date 11/23/36

19. UNDERTAKER

(Address)

Stewart & Moran Co.
108 W. North Ave.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY. That I attended deceased from March, 1934, to Nov. 22, 1936

I last saw her alive on Nov. 22, 1936 Death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

Senile Dementia
Arteriosclerosis

Date of onset

8

Other contributory causes of importance:

Acute Myocardial
Decompensation

6 hrs

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Findings there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Samuel P. Alagia
3376 Frederick Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29319

F 29319

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No.)

St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

M. Joseph Vorsteg

(a) Residence: No. 2668 W. Franklin St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Lottie E. Vorsteg

6. DATE OF BIRTH (month, day, year)

Jan 20, 1885

7. AGE

Years

Months

Days

51

10

-

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Coco Cola Bldg

10. Date deceased last worked at this occupation (month and year)

Sept 1936

11. Total time (years) spent in this occupation

8 yrs.

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER MOTHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Miss Lottie E. Vorsteg (Address) 2668 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 23 1936

19. UNDERTAKER

Geo W Little (Address) 2700 Edmondson Ave

20. FILED

1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/36, 19

22. I HEREBY CERTIFY That I attended deceased from 11/19/36 to 11/20/36

I last saw h.j.m. alive on 11/20/1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid ruptured with general peritonitis

Date of onset

Other contributory causes of importance:

Metastatic carcinomatosis of liver, kidneys & intestines

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. E. Paffhausen

M. D.

29320

F 29320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 W. Mulberry St. Ward 4-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.If U.S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 609 W. Mulberry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced
HUSBAND of Rose Arigo
(or WIFE of)6. DATE OF BIRTH (month, day, year) Sept 2 18897. AGE Years 47 Months 2 Days 2 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Washington D.C.
(State or country)FATHER 13. NAME Vincent Arigo14. BIRTHPLACE (city or town) Italy
(State or country)MOTHER 15. MAIDEN NAME Josephine I ?16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Rose Arigo (Wife)
(Address) 609 W. Mulberry St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 23 3619. UNDERTAKER Albert W. Arigo
(Address) 440 E. North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 193622. I HEREBY CERTIFY That I attended deceased from 11-14 1936 to 11-19 1936I last saw him alive on 11-18 1936 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

acute lobar pneumonia Date of onset 6 days
in upper backOther contributory causes of importance: acute cardiac atheria 24hWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) S. J. Rumer M. D.(Address) Medical Arts Bldg.

29321

F 29321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Loveland Ave 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? 3 yrs. 5 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 4410 Loveland Ave 28-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND of Laura Pearl Decker
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 8 18847. AGE Years 22 Months 10 Days 14 If LESS than 1 day, 1 hr. 14 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) Nov 8 1884 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Norton
(State or country) W. Va.13. NAME Wm. F. Decker14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Katherine Decker16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Wm. F. Decker
(Address) 4211 Garrison Ave18. BURIAL, CREMATION, OR REMOVAL 11/24
Place St. John's Church Date 11/2419. UNDERTAKER John F. Decker
(Address) 4211 Garrison Ave20. FILED 1935 19 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 193622. I HEREBY CERTIFY, That I attended deceased from Nov 2 1936 to Nov 22 1936I last saw him alive on Nov 21 1936 Death is said to have occurred on the date stated above, at 11:00 p.

The principal cause of death and related causes of importance were as follows:

Intestinal Keflexitis

Other contributory causes of importance:

UremiaName of operation None Date of Nov 21What test confirmed diagnosis? urinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Nov 21 1936Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Wm. F. Decker M. D.(Address) 2200 Garrison Blvd

29322

20199

F 29322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U.S. Veteran
specify WAR2. FULL NAME Benjamin VaughnSt. 14-3 Ward.
(If non-resident give city or town and State)(a) Residence: No. 2234 Eiting St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or WIFE of)Martha6. DATE OF BIRTH (month, day, year) Dec 25 18757. AGE 60 Years 11 Months 26 Days If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Ben Vaughn14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wt. Carey Date Nov. 23 193619. UNDERTAKER Saml. J. Rainey
(Address) 628 N. Lincoln

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-3622. I HEREBY CERTIFY, That I attended deceased from 2-8-36 to 11-21-36I last saw him alive on 11-21-36 Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral ThrombosisDate of onset
3.6 hrs.

Other contributory causes of importance:

Cerebral Thrombosis10 minWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

John J. Rainey
Baltimore City Hospital M.D.

29323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29323

CERTIFICATE OF DEATH.

✓ 161-B

1. PLACE OF DEATH

CITY OF BALTIMORE

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

8

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov-13, 1936, to Nov 21, 1936,
that I last saw him alive on Nov 21, 1936,

and that death occurred on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH was as follows:

Icterus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. J. Coleman, M. D.

(Address)

2035 McCulloch St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

29324

HEALTH DEPARTMENT—CITY OF BALTIMORE 29324

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital* Ward)Length of residence in city or town where death occurred *4 yrs.* mos. *0* ds. How long in U. S. If of foreign birth? *4 yrs.* mos. *0* ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *109 W. Hunter St.* Ward. *6*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 6/36*7. AGE Years Months Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Zang*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Katherine Rallenty*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Katherine Zang* (Address) *109 W. Hunter St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Carmel* Date *11/23/36* 1919. UNDERTAKER *Philip Harris' Sons* (Address) *2016 Park Ave.*

20. FILED

19

Registrar.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 20, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Patent Foramen ovale heart

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Paul M. Hunter*(Address) *1919 E. North Ave.*

Coroner

M. D.

29325

HEALTH DEPARTMENT—CITY OF BALTIMORE 29325

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Scott St. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob B. Clark

(a) Residence: No. 1128 Scott St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(name) Georgia Clark

6. DATE OF BIRTH (month, day, year) Dec. 22, 1858

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 77 | 78 | 10 | 30 | 28 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queens Ann County

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) Queen Ann County

15. MAIDEN NAME Sarah Hoxter

16. BIRTHPLACE (city or town) (State or country) Queen Ann County

17. INFORMANT Georgia Clark (Address) 1128 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
By Hill & Howard Co. Date Nov. 23, 1936

19. UNDERTAKER Ambrose Inc. (Address) 117 N. ... St.

20. FILER ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-36

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to Nov 20, 1936

I last saw him alive on Nov 20, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis

Date of onset

Feb/36

Other contributory causes of importance:

Old age

Name of operation

Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Hypertension

(Signed)

(Address)

M. D.

21. FILER

101-23-1936

29326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29326

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2459 Brentwood ave* St. *12-3* Ward)Length of residence in (city or town where death occurred) *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *40* yrs. *0* mos. *0* ds.

2. FULL NAME

Richard Thomas

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. *2459 Brentwood ave* St.,

Ward.

If U.S. Veteran
specify WAR

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1876

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*60*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Porter*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation*57⁰*12. BIRTHPLACE (city or town)
(State or country)*Lutherville,
md*

FATHER

13. NAME

*Richard Thomas*14. BIRTHPLACE (city or town)
(State or country)*Balto
md*

MOTHER

15. MAIDEN NAME

*Patsy Bevans*16. BIRTHPLACE (city or town)
(State or country)*md*

17. INFORMANT

(Address)

*Elizabeth Fuller
2459 Brentwood Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place

St Auban Cem, Date 11/23/ 1936

19. UNDERTAKER

(Address)

*Frances A. Hempley
578 W. Biddle St*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 20*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from
Sept 10, 19*36* to *Nov. 19*, 19*36*I last saw him alive on *Nov. 19*, 19*36*. Death is said
to have occurred on the date stated above, at *46* m.The principal cause of death and related causes of
importance were as follows:*Organic Heart Disease*

Date of onset

Sept 10

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Phy. Ex.*Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? *✓* Date of injury *—*, 19*—*Where did injury occur? *—*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
placeManner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

P. Garland Admirell

M. D.

(Address)

1584 - Grand Hill Ave

23 1936

file

293273
321

F 29327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James W. Pitts

If U.S. Veteran

specify WAR

(a) Residence: No.

17 N. Eadler St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|---|
| 3. SEX Male | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 6. DATE OF BIRTH (month, day, year) 5/1/34 | | |
| 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 6 4 | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country)

Va.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary Ch

Date

11/24/34

19. UNDERTAKER

(Address)

Robert M. Williams
1015 17th Eddery St

293273

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-14, 1934 to Nov-20, 1934

I last saw him alive on Nov-20, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, labor pneumonia, emphysema, heart failure

Date of onset

11-14-34

11-17-34

11-18-34

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Lydia B. Edwards

M. D.

(Address)

5000 Hopkins

29328

F 29328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522-N. Eden St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 522 N Eden St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct - 18887. AGE Years 48 Months 10 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Performer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ne (State or country)

13. NAME

14. BIRTHPLACE (city or town) ne (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ne (State or country)

17. INFORMANT

(Address) 522 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 11/24/36

19. UNDERTAKER

(Address) 15-15th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-3622. I HEREBY CERTIFY, That I attended deceased from 11-2-36 to 11-20-36I last saw him alive on 11-20-36 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

11/20/36

Other contributory causes of importance:

Essential Hypertension11/1/36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Histology Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) George S. Collins M. D.(Address) 505 Pennsylvania St

MAILED

23 1936

Registrar

9329

Barbu

F 29329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-11 Ward 18634)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Roy Barbu Michael Barbu

If U.S. Veteran

specify WAR

(a) Residence: No. 4928 Belair Road

(Usual place of abode)

St. 119 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-28-19367. AGE Years 2 Months 1 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Den Barbu14. BIRTHPLACE (city or town) Rumania
(State or country)15. MAIDEN NAME Eliz. Neze16. BIRTHPLACE (city or town) Rumania
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 11/2319. UNDERTAKER Howard H. Blight Jr.
(Address) 4914 Belair Road

20. FILED

23-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 193622. I HEREBY CERTIFY, That I attended deceased from 11-11, 1936, to 11-21, 1936I last saw him alive on 11-21, 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Diarhea

Date of onset

11-21-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

R. B. Bloay
Baltimore City Hospitals M. D.

29330

F 29330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *107-a* Ward *2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Mac Schilling(a) Residence: No. *918 N. Central Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-------------------------|----------------------------------|--|

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct-6-1884*

| | | | | |
|-----------|------------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>52</i> | <i>50?</i> | <i>1</i> | <i>14</i> | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Cashier</i> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Merchandise</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

| | |
|--------|--|
| FATHER | 13. NAME <i>Ferdinand Schilling</i> |
| | 14. BIRTHPLACE (city or town) <i>Germany</i> (State or country) |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME <i>Mary Hartung</i> |
| | 16. BIRTHPLACE (city or town) <i>Balto</i> (State or country) <i>Maryland</i> |

17. INFORMANT *Mrs. Frank Burke*
(Address) *2145 E. Pratt St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore Cem.* Date *Nov 20, 1936*19. UNDERTAKER *Joseph Sykes*
(Address) *1600 N. E. St.*20. FILED *10*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 20, 1936*22. I HEREBY CERTIFY That I attended deceased from *Nov 8, 1936* to *Nov 20, 1936*I last saw *her* alive on *Nov 20, 1936* Death is said to have occurred on the date stated above, at *3:00* p. m.

The principal cause of death and related causes of importance were as follows:

Diffuse Bronchopneumonia
Bilateral
Secondary anemia
Other contributory causes of importance:
Cerebral Embolism

Date of onset

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Loz* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Austran* M. D.(Address) *St. Joseph's Hospital*

23 1936

F 29331

F 29331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 E. Biddle St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME John Minnick

(a) Residence: No. 2231 E. Biddle (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J. Minnick

6. DATE OF BIRTH (month, day, year) June 9, 1956

7. AGE Years 80 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Star & Tin Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year) 18 mo 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Wm Minnick

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Parriscola (State or country) Florsda

17. INFORMANT Laura J. Minnick (Address) 2231 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 22, 1936

19. UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1936.

22. I HEREBY CERTIFY. That I attended deceased from

March 10, 1936, to Nov. 20, 1936

I last saw him alive on Nov. 20, 1936 Death is said

to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Mitral Stenosis.

Date of onset

3-10-

36.

Other contributory cause of importance:

Hydrocele & Chronic Cystitis

1934.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. L. Sigmund M. D.

(Address) 1613 E. North Ave

FILED

2231336

29332

F 29332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Haw St St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 710 Haw St St., 21-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 1. Color or Race Colo 5. Single, Married, Widowed, or Divorced (write the word) m5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Boone6. DATE OF BIRTH (month, day, year) 1888. month unknown 7. AGE Years 48 Months unknown Days unknown If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) Baltimore 11. Total time (years) spent in this occupation md

12. BIRTHPLACE (city or town) (State or country)

13. NAME Wm. Carway 14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Alberta Davis 16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Alberta Davis (Address) 500 Sturheim St18. BURIAL, CREMATION, OR REMOVAL Place mt Auburn Date Nov 24 193619. UNDERTAKER Eloy Wilson (Address) 1000 Brantly Ave20. FILED 23 1000 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 193622. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Nov 20 1936 I last saw him alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

1935

Other contributory causes of importance:

General Carcinomatosis of abdominal organs1936Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur H. Faires M. D. (Address) 615 S. Cal St

F 29333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29333

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1211 Wilcox St.* St. *10-1* Ward)Length of residence in city or town where death occurred *65* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Ellen Doyle*Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____(a) Residence: No. *1211 Wilcox* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Feb. 12 1849*7. AGE Years *87* Months *9* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *over*10. Date deceased last worked at this occupation (month and year) *4*11. Total time (years) spent in this occupation *4*12. BIRTHPLACE (city or town) (State or country) *Ireland*FATHER 13. NAME *John Doyle*14. BIRTHPLACE (city or town) (State or country) *Ireland*

MOTHER

15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. John Byrne (Cousin)*
(Address) *1211 Wilcox St.*

18. BURIAL, CREMATION, OR REMOVAL

*Pro-Cathedral Cemetery Nov. 23, 1936*19. UNDERTAKER *James W. Borrelli*
(Address) *924 E. Bay St.*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 21 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 16*, 1936 to *Nov. 21*, 1936I last saw him alive on *Nov. 21*, 1936. Death is said to have occurred on the date stated above, at *11a* m.

The principal cause of death and related causes of importance were as follows:

*Uraemia
adrenosclerosis
hypertension
myocarditis*

Date of onset

11/14/36

?

?

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel Lieberfeld, M. D.*(Address) *704 E. Preston St.*

29334

F 29334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1939 Ramsay St.* St. *20-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frederich W. Sackmann

If U. S. Veteran

specify WAR

(a) Residence: No. *1939 Ramsay St.*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Pauline Sackmann*6. DATE OF BIRTH (month, day, year) *March-31-1880*7. AGE *56* Years *7* Months *20* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baker.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0003*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Germany.*15. MAIDEN NAME *Unknown.*16. BIRTHPLACE (city or town) (State or country) *Germany.*17. INFORMANT *Mrs. Pauline Sackmann.* (Address) *1939 Ramsay St.*18. BURIAL, CREMATION, OR REMOVAL Place *Western Cemetery* Date *Nov. 24.*19. UNDERTAKER *Charles J. Schwab.* (Address) *505 N. Monroe St.*20. FILED *1933*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 21, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 18, 1936, to Nov 21, 1936.*I last saw him alive on *Nov 20, 1936.* Death is said to have occurred on the date stated above, at *8:20 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of mouth (Began near St. Louis)

Other contributory causes of importance:

*Chronic Bronchitis
arterio sclerosis*Was an operation performed? *yes* Date of *11 months*For what disease or injury? *Swelling in mouth.*Name of operation *Biopsy* Date of *11 Nov*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Lawrence F. Krumm* M. D.(Address) *722 W. Howard St.*

0335

F 29335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5404 Belair Rd Ward 7-4)Length of residence in city or town where death occurred Life yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 5404 Belair Rd st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Beinstein6. DATE OF BIRTH (month, day, year) July 7, 18487. AGE 88 Years 4 Months 18 Days If LESS than 1 day, hrs. or min. Retired

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Friedrich Beinstein14. BIRTHPLACE (city or town) Hauelford
(State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFORMANT Mrs Jennie Beinstein(Address) 5404 H Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place ImmanuelDate 11/24/3619. UNDERTAKER L. Hyman & Son(Address) 32 Broadway

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/3622. I HEREBY CERTIFY, That I attended deceased from Nov. 13 to Nov. 20, 1936last saw him alive on Nov. 20, 1936. Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

1 week

Other contributory causes of importance:

Chronic Myocarditis4 yrs.Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Samuel B. Wolf(Address) 1331 E. North Ave

M. D.

F 29336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29336

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4244 Sixth 1300th 25-4 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie M. Wood

(a) Residence: No.

Prince Frederick - Maryland St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BENJAMIN E. Wood

6. DATE OF BIRTH (month, day, year) March 12 1861

7. AGE Years 75 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0027

12. BIRTHPLACE (city or town) Prince Frederick Md (State or country)

13. NAME Bowen

14. BIRTHPLACE (city or town) Prince Frederick Calvert Co. Md (State or country)

15. MAIDEN NAME Tucker

16. BIRTHPLACE (city or town) Prince Frederick Calvert Co. Md (State or country)

17. INFORMANT H. B. F. Wood (Address) 4244 6th St

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Prince Frederick Date 11/24/36

19. UNDERTAKER Robt C. Harkness (Address) Prince Frederick Md

20. FILED 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1936, to Nov-21, 1936.

I last saw her alive on Nov-21, 1936. Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Malignancy of Lung - Retro-sternal

Date of onset ?

Other contributory causes of importance:

Arterio-Sclerotic Myocardial Renal Disease ?

Name of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul L. Lohm M. D.

(Address) 320 Outapies Ave

29337

HEALTH DEPARTMENT—CITY OF BALTIMORE 29337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Gissons or 27-6 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Caroline Relf.

If U. S. Veteran
specify WAR

(a) Residence: No. 2808 Gissons or St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Relf.

6. DATE OF BIRTH (month, day, year) June 28, 1862

7. AGE Years 74 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ad. House.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

13. NAME Henry Miller

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Mary Bufflapp.

16. BIRTHPLACE (city or town) New York. (State or country) Penna.

17. INFORMANT Margaret Simpson (Address) 2808 Gissons or.

18. BURIAL, CREMATION, OR REMOVAL

Cathedral

Dec 11-24, 1936

19. UNDERTAKER (Address) 2051 Vinton Rd.

20. FILED

7 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 21, 1936, to Nov. 21, 1936.

I last saw him alive on Nov. 21, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset 2 hrs.

Other contributory causes of importance:

Hypertension

arterio Sclerosis

8 mo

8 mo

Was an operation performed? No.

Date of

For what disease or injury? No

Name of operation

None

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Thos. F. Stevens

M. D.

(Address)

2878 Harford Rd.

29338

16379

✓ F 29338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charley Beckett

If U.S. Veteran

Specify WAR

(a) Residence: No. 717 W. Mulberry St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX M | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|--------------------|------------------------------|---|

3a. If married, widowed, or divorced
HUSBAND of Margaret (Dead)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-1-1886

| | | | | |
|-----------|-------|-----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 50 | | 10 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Charley (Dead)14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Martha Bailey (Dead)16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Natatorium Date 11/23 193619. UNDERTAKER Geo. A. Hasbaum
(Address) 1330 Pennsylvania Ave.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19, 193622. I HEREBY CERTIFY, That I attended deceased from 8-13, 1936 to 11-19, 1936I last saw him alive on 11-19, 1936. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardio-vascular
Renal Disease

Date of onset

2 yrs

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

John F. Rainey
Baltimore City Hospital

V 23-1936

29339

✓ F 29339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *aged Home* St., *Prognate* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *00* mos. *00* ds. How long in U. S. If of foreign birth? *20* yrs. *00* mos. *00* ds.

2. FULL NAME

Nathan Aaron Prognate(a) Residence: No. *aged Home* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of *Riva*6. DATE OF BIRTH (month, day, year) *11-23-36*

7. AGE

85 Years

Months

Days

If LESS than 1 day.....hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bag Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
10. Date deceased last worked at this occupation (month and year) *0045*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russiad*

FATHER

13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Russiad*

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Russiad*

17. INFORMANT

(Address) *Isaac Bograd*
2926 Rockmore ave

18. BURIAL, CREMATION, OR REMOVAL

Place *At Laurel* Date *11-23-36*

19. UNDERTAKER

(Address) *Frank Lewis Inc*
1439 E. Baltimore St

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-23*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *4-1*, 19*36*, to *11-23*, 19*36*I last saw him alive on *11-22*, 19*36* Death is saidto have occurred on the date stated above, at *3:45 PM* in.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension
Arterio sclerosis

Other contributory causes of importance:

Chr. Bronchitis
Inguinal Hernia
Cataract, right eye.

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____Signed) *Dr. Edmund Lewis*
Lewisdale

M. D.

29340 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29340

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4338 Rustertown Rd St 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron Berr (Berr)

If U. S. Veteran specify WAR

(a) Residence: No. 4338 Rustertown Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Late Jennette

6. DATE OF BIRTH (month, day, year) 1885-5-

7. AGE Years 81 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Barney Berr

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Berr
(Address) 2609 Liberty Heights ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Airedale Date Nov 23, 1936

19. UNDERTAKER S Lennor Bros
(Address) 1276 Balto St

20. FILED 1936 10 11/23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from about Aug 21, 1936 to Nov 23, 1936

I last saw him alive on Nov. 22, 1936 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 1 day

Other contributory causes of importance:

Atherosclerosis

10 yrs.

Was an operation performed? No Date of

For what disease or injury? None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Address

John D. ...
846 W 36th St

F 29341

✓ F 29341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Killdare Drive St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME

Marie Botorek

(a) Residence: No. 2200 Killdare Drive

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widow

5a. If married, widowed, or divorced

HUSBAND of late Emanuel Botorek
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1-1840

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

87

5

10

10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work At

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Emanuel Botorek

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Harker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna McEachern (Daughter)
(Address) 2200 Killdare Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 25/36

19. UNDERTAKER

(Address) 403 S. Wolfe St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21/36, 19

22. I HEREBY CERTIFY, That I attended deceased from

Nov 19, 1936, to Nov 21-36 19

I last saw her alive on Nov 21, 1936. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follow

Pneumonia
Infinitus

Date of onset

Other contributory causes of importance:

Infinitus page

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Am Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

A. O. Carman

M. D.

1701 N. Caroline St

29342 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Eutaw Place & Lanvale St.
CITY OF BALTIMORE: (No. Altamont Hotel, St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rita Gans Cotton

If U. S. Veteran specify WAR

(a) Residence: No. Altamont Hotel

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Gus Cotton (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1881

7. AGE Years 54 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William Gans

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Rebecca DeWolf

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. William Gans (Brother) (Address) Altamont Hotel.

18. BURIAL, CREMATION, OR DISPOSITION

Place Balto. Hebrew Cem Date Nov. 24, 1936

19. UNDERTAKER David Soudheim & Son (Address) 1902 Eutaw Place.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1:30 am

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1215 Hanover St.

Coroner

M. D.

29343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Marshall 93-3 Ward)Registered No. 93-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 1403 Marshall St., 93-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of Mary F. Bachman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 10 18657. AGE Years 71 Months 1 Days 10 If LESS than 1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employee
10. Date deceased last worked at this occupation (month and year) Oct 10 1936
11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) Washington D C
(State or country)FATHER 13. NAME Frederick Bachman14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT Batherine A Tomlin
(Address) Snow Hill Ind18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Nov 24 193619. UNDERTAKER John F. Deary
(Address) 745 Light St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 193622. I HEREBY CERTIFY, That I attended deceased from December 1935 to November 20 1936I last saw him alive on Nov 20 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Dec 1935

Other contributory causes of importance:

ArteriosclerosisWas an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Isaac Miller M. D.
(Address) 1228 S. Charles St.

29344

F 29344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward) *18*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *14* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Angelina Sakellos

If U. S. Veteran

specify WAR

(a) Residence: No. *914 Light*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Jerry Sakellos*6. DATE OF BIRTH (month, day, year) *Nov 12, 1902*7. AGE Years *34* Months *—* Days *9* If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Greece*13. NAME *Kleanthis Epsilantis*14. BIRTHPLACE (city or town) (State or country) *Greece*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Greece*17. INFORMANT *Jerry Sakellos*
(Address) *914 Light St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Ceme* Date *Nov 22, 1936*19. UNDERTAKER *A. L. Thayer & Son*
(Address) *214 S. Charles St*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 21, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 19, 1936* to *Nov 21, 1936*I last saw him alive on *Nov 21, 1936* Death is said to have occurred on the date stated above, at *1:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Meningococcus meningitis**11-15-36*

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *Lumbar puncture* Date ofWhat test confirmed diagnosis? *No* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Sign)

Francis J. Schwentha

M. D.

(Address)

Sydenham Hospital

29345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29345

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward *3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Wm Reed*If U. S. Veteran
specify WAR(a) Residence: No. *2319 Durrin*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *unknown*7. AGE Years *49* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *un.*
(State or country)13. NAME *un.*
14. BIRTHPLACE (city or town) *un.*
(State or country)15. MAIDEN NAME *un.*
16. BIRTHPLACE (city or town) *un.*
(State or country)17. INFORMANT *none*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *un.* Date *NOV 23 1936*19. UNDERTAKER *Commissioner of Health*
(Address)

Per H. A. Moore

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11.17*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *10.6*, 19 *36* to *11.17*, 19 *36*I last saw him alive on *11.17*, 19 *36* Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Bronchopneumonia

Date of onset

11/18/36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *clinical* Date ofWhat test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

J. H. Moshier
515 Mosher St

29346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29346

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Princeton Hospital 14-3 Ward)Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1920 M'Callister

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W6. DATE OF BIRTH (month, day, year) Nov 22-19357. AGE Years 1 Months 0 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. Child9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Holden Ward14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Andie Ward16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT Holden Ward(Address) 1920 M'Callister St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. ZionDate Nov 23, 193619. UNDERTAKER Mrs. Katie R. Williams(Address) 322 N. Schermer St.20. FILED 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Failure
Respiratory Failure11/21/36

Other contributory causes of importance:

Drinking cleaning fluid11/21/36Was an operation performed? None Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Working Was there an autopsy no23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 11-21, 1936Accident, suicide, or AccidentWhere did injury occur? 1920 M'Callister St (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner Accidental given cleaning fluid for waterNature of injury Respiratory Failure

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) S. Allen

Coroner

M. D.

(Address) 507 E. Enoch St.

F. 29347

29347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Susan V. Ulrich(a) Residence: No. Hydes Balto. Co. Md. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

6a. If married, widowed, or divorced
HUSBAND of John C. Ulrich
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 3, 1868

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 68 | 1 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Geo. Dilworth14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Sarah Clayton16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT John C. Ulrich(Address) Hydes Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Folk M. T. Cem. Date Nov 25, 193619. UNDERTAKER Charles E. Arthur
(Address) Folk St.20. FILED 29347

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Embolism

Other contributory causes of importance:

Was an operation performed? Date of Nov.

For what disease or injury?

Name of operation Date of ClinWhat test confirmed diagnosis Clin Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident Nov. 14, 1936

Accident, suicide, or homicide

Where did injury occur? Hydes Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home (Hydes Balto. Co. Md.)Nature of injury Well Fractured Femur LeftFracture Femur

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) F. H. Osullivan M. D.(Address) 2757 W. North Coroner

9348 1265-9

F 29348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-4 Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 12 mos. 12 ds. How long in U. S. If of foreign birth? 57 yrs. 12 mos. 12 ds.If U. S. Veteran
specify WAR

2. FULL NAME

Charles E. Dorsey(a) Residence: No. 1621 W. Pratt St. St. 19-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 9, 18797. AGE Years 57 Months 12 Days 12 If LESS than 1 day, 12 hrs. or 12 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat Blocker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Ed. Dorsey
14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Catherine Goldsmith
16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Miss Nellie Dorsey
(Address) 1621 W. Pratt St.18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Church Date 11/14/193819. UNDERTAKER John J. Cowan & Son
(Address) 901 S. Calver St.20. FILED 11/23/1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1938 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify F. B. Allen
(Signed) F. B. Allen M. D.(Address) 2757 N. W. 11th St.

29349

F 29349

HEALTH DEPARTMENT—CITY OF BALTIMORE

18818

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 36-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

Specify WAR

2. FULL NAME Frank Stickline

(a) Residence: No. 4200 E. Lombard St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of Mary Stickline (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-30-1872

7. AGE 64 Years Months Days 2 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dresser 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) II. Total time (years) spent in this occupation 60 86

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Frederick Stickline

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Elizabeth Schissler

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Nov 24, 1936

19. UNDERTAKER William S. Schaeffer (Address) 1816 E. Monument St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1936, to 11-21, 1936.

I last saw him alive on 11-21, 1936 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset 2 day

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes 23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John F. Rainey M. D. (Address) Baltimore City Hospital

29350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 29350

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *515 West 40th* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND or (or) WIFE of *Lee Daly*6. DATE OF BIRTH (month, day, year) *June 8, 1896*7. AGE Years *40* Months *6* Days *14* If LESS than 1 day, — hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Philadelphia, Pa.*

FATHER

13. NAME *Thomas Goto City*14. BIRTHPLACE (city or town) (State or country) *Ireland*

MOTHER

15. MAIDEN NAME *Anna McCaughey*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT (Address) *Hospital Record*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Room* Date *11/24* 193619. UNDERTAKER (Address) *Wentley W. Mears & Son*
805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-22*, 193622. I HEREBY CERTIFY, That I attended deceased from *10-18*, 1936 to *11-22*, 1936I last saw her alive on *11-22*, 1936 Death is said to have occurred on the date stated above, at *9:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial infarction consequent to intrathoracic pressure changes following paravertebral thoracoplasty 11/2/36

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *10/2/36*For what disease or injury? *Pulmonary tuberculosis bilatero-massive on right*What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify *It was not*(Signed) *H. H. H. H. H.* M. D.(Address) *Union Mem. Hosp.*

23 1936

29351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color of Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

Coroner _____ M. D.

9352

F 29352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Mr. John K. Culver**No War Record*(a) Residence: No. *old Paulico Rd. near Smith Ave. Balto. Md.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single, Married, Widowed,~~ or Divorced (write the word) *Divorced*5a. If ~~married~~ *divorced*
HUSBAND of *Frances Culver*6. DATE OF BIRTH (month, day, year) *Nov 21st 1870*7. AGE Years *66* Months *0* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Developer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Real Estate*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) *Boulder Colorado*
(State or country)FATHER 13. NAME *Robert Culver*
14. BIRTHPLACE (city or town) *N.Y.*
(State or country)MOTHER 15. MAIDEN NAME *Annie Keenicatt*
16. BIRTHPLACE (city or town) *N.Y.*
(State or country)17. INFORMANT *Robt Culver Hazard*
(Address) *2500 Gibbons Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Amid Ridge* Date *Nov 24th 1936*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 22, 1936*22. I HEREBY CERTIFY That I attended deceased from *Nov. 14, 1936* to *Nov. 22, 1936*I last saw him alive on *Nov. 22, 1936* Death is said to have occurred on the date stated above, at *5:22 pm.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Hypertensive Heart Disease
Anemia*

Date of onset

11/19/36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Robert H. Live* M. D.
(Address) *Union Memorial Hosp.*

29353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29353

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4 N. Madeira* St., *6-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth P. Collins

If U.S. Veteran specify WAR

(a) Residence: No. *4 N. Madeira* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Elmer P. Collins* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan. 8 - 1898*7. AGE Years *38* Months *10* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John A. Diefenbach*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mina Kreuzer*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Frederick Diefenbach* (Address) *1410 N. Central Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Barwood Elm* Date *Nov. 25, 1936*19. UNDERTAKER *E. Miller & Son* (Address) *334 Jefferson St.*20. FILED *Washington, D.C.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 23, 1936*22. I HEREBY CERTIFY That I attended deceased from *Jan. 36* to *Nov. 23, 1936*Last saw her alive on *Nov. 22, 1936* Death is said to have occurred on the date stated above, at *7:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset

1 yr.

Other contributory causes of importance:

acute uterine hemorrhage

Date of onset

1 day

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. J. Fungles* M. D.(Address) *2007 E. Rutledge*

23 1936

F 29354

F 29354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 E. Pratt St. St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Stefan Kendryna

(a) Residence: No. 2209 E. Pratt St. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Maryanna Kendryna (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 61

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Valenty Kendryna

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Maryanna Kendryna (Address) 2209 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date Nov. 26, 1936

19. UNDERTAKER (Address)

Fred W. Czajewski 1930 Eastern Ave.

20. FILED

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Nov 23, 1936

I last saw him alive on Nov 23, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Nov 10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Fred W. Czajewski 126 S. Peterson St. Ariz.

M. D.

F 29355 HEALTH DEPARTMENT—CITY OF BALTIMORE 29355

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 N. Luzerne Avenue, 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Manner

(a) Residence: No. 1425 N. Luzerne Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A. Manner

6. DATE OF BIRTH (month, day, year) Sept. 21, 1871

7. AGE 65 Years 2 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Simon Mayers 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Julia Schwindt 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Robert A. Manner (Address) 1425 N. Luzerne Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem 11-27 19.

19. UNDERTAKER 1606 N. Chester Street (Address)

NOV 24 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1936

22. I HEREBY CERTIFY. That I attended deceased from November 8, 1936, to November 23, 1936.

I last saw her alive on November 22, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardiovascular Disease

Date of onset

1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) J. Earl Chapman M. D.

(Address) 1212 N. Patterson Pk Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

29356

18830 F 29356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-2 Ward)

Length of residence in city or town where death occurred 1920 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Williams

(a) Residence: No. 775 1/2 W. Mulberry St., St. Ward. (If non-resident give city or town and State)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 6-7-1897

7. AGE Years 39 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Bob Pollard

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Annie - Unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place No Calvary Date Nov 24 1936

19. UNDERTAKER (Address) Walter B. Spriggs 127 St. James St. St. James St. St. James St.

20. FILED 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19 1936 to 11-20 1936

I last saw h. alive on 11-20 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcal Meningitis

Date of onset

Nov 20

Other contributory causes of importance:

Pneumococcal Pneumonia

?

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John F. Rainey Baltimore City Hospital

M. D. B 1268-3
F 29357

F 29357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Club Road St. 12-1 Ward)

Length of residence in city or town where death occurred—yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Helia Blaud Zimmerman*(a) Residence: No. *Northway Apts* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mr. J. Zimmerman*6. DATE OF BIRTH (month, day, year) *June 1876*7. AGE Years *60* Months *5* Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*

FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Resident - J. Stroble* (Address) *302 Club Road*18. BURIAL, CREMATION, OR REMOVAL Place *Greenmount Cem* Date *Nov. 24, 1936*19. UNDERTAKER *John C. Mitchell & Sons, Inc.* (Address) *1900 Eutaw Place (N.B.M.)*

20. FILED 1936-11-24 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 21, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture left tibia *Oct 21, 36*
coronary occlusion

Other contributory causes of importance:

*Calumny and Suffering*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *no* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *Oct 17, 36*Where did injury occur? *Washington, D.C.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fall down stairs*Nature of injury *Spiral fracture left tibia*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. W. Hiden* M. D.(Address) *Coroner*

29358

F 29358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Walnut Ave St. 28 Ward 49-W)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carrie D. Gillaspay

If U.S. Veteran

specify WAR

(a) Residence: No. 711 Walnut Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow3a. If married, widowed or divorced HUSBAND of (or) WIFE of George E. Gillaspay6. DATE OF BIRTH (month, day, year) Aug 13, 18787. AGE 58 Years 4 Months 8 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Louis Schultz14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Katharine Schmidt16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Mary E. May (Address) 711 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmont Date Nov 20, 193619. UNDERTAKER Samuel W. May (Address) 619 N. Bouldin St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 193622. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Nov 21, 1936I last saw her alive on Nov 21, 1936 Death is said to have occurred on the date stated above, at 11⁴⁵ P.M.

The principal cause of death and related causes of importance were as follows:

Cystic Adenocarcinoma of Right ovary

Date of onset

?

Other contributory causes of importance:

Arteriosclerotic Cardiac Renal Vascular Disease

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Mac Laughlin
400 N. Payne St.

M. D.

V 24 1936

18670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1317 29959

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Elizabeth SnellIf U.S. Veteran
specify WAR(a) Residence: No. 217 N. Bruce St. St. 19-2 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1860-18967. AGE 67 Years 40 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME James Snell14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Henrietta Dorsey16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Auburn Cem. Date 11-25-3619. UNDERTAKER Thomas E. Kellon
(Address) 1303 Presstman St

20. FILED

NOV 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-3622. I HEREBY CERTIFY, That I attended deceased from 11-13-36 to 11-22-36I last saw her alive on 11-22-36 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with uremia Date of onset 10 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) John J. Ramsey M. D.
(Address) Baltimore City Hospital

29360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18863

✓ 95-BF 29360

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME Albert Brown

(a) Residence: No. 337 W. Biddle St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-20-1880 2-30-1891

7. AGE Years 56 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John
14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Eliz. Unknown
16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Auburn Cont. No 426-3

19. UNDERTAKER John F. Rainey (Address) Baltimore City Hospts.

20. FILED 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936 to 11-21, 1936

I last saw him alive on 11-21, 1936 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease Date of onset 4 mo.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Rainey (Address) Baltimore City Hospts.

F 29361

F 29361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 N. Mount St. 15-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1430 N. Mount St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Elizabeth Perminator (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1904

7. AGE 32 Years 7 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Charles Perminator

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Sarah Bird

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT

(Address) 1430 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 11-24-36

19. UNDERTAKER

(Address) 1303 Chestnut St

20. FILED

1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: Franchia Perminator

Other contributory causes of importance: Cal & B. Perminator

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 29362 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29362

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Earl Palmer

If U.S. Veteran specify WAR

(a) Residence: No.

31 Calvert

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10, 1920

7. AGE Years 15 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME Earl

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Elsie Corcoran

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER S. M. ... Date Nov 25, 1936

20. FILED 3615-17 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1936 to Nov 22, 1936

I last saw him alive on Nov 22, 1936 Death is said to have occurred on the date stated above, at 7:15 pm.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset

1934?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Palmer Howard J. ... M. D.

(Address) Johns Hopkins Hospital

20. FILED

NOV 24 1936

29363

HEALTH DEPARTMENT—CITY OF BALTIMORE

29363

CERTIFICATE OF DEATH 18499

L'

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

If U.S. Veteran

specify WAR

2. FULL NAME Christine Wheary

(a) Residence: No. 520 S. Lakewood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of William Wheary (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-19-1886

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 50 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER 13. NAME Herman Wheary Schmidt 14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER 15. MAIDEN NAME Alberta Gertz 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Am Date Nov 25 1936

19. UNDERTAKER John W. Smith (Address) 2008 Orleans

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1936, to 11-22 1936

I last saw h. alive on 11-22 1936 Death is said to have occurred on the date stated above, at 7:40 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 3 mths

Other contributory causes of importance:

Hypertensive Cardio. vascular Renal Disease

Date of onset several years

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John F. Rainey M. D. Baltimore City Hospital

F 29364 HEALTH DEPARTMENT—CITY OF BALTIMORE 29364

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home + Infirmary* St., *6-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *139 N Streper St* St., *6-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *L* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of *Charles Niss* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 22 1877*

7. AGE Years *58* Months *11* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, or spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased is & worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto* (State or country)

13. NAME *William Mills* 14. BIRTHPLACE (city or town) *Balto* (State or country)

15. MAIDEN NAME *Virginia Tyler* 16. BIRTHPLACE (city or town) *Balto* (State or country)

17. INFORMANT *Mrs Laurence Amendt* (Address) *139 N Streper St*

18. BURIAL, CREMATION, OR REMOVAL *Nov 25 1936* Place *London Park Cem*

19. UNDERTAKER *John Ullrich* (Address) *2008 Orleans St*

20. FILED *1936 NOV 25* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 21*, 1936

22. I HEREBY CERTIFY, That I attended deceased from *November 18*, 1936, to *November 21*, 1936

I last saw her alive on *November 21*, 1936 Death is said to have occurred on the date stated above, at *6:05* m.

The principal cause of death and related causes of importance were as follows:

*Cardio Vascular Renal Disease
Arteriosclerosis with
hypertension.*

Other contributory causes of importance: *Thrombosis*

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *C.L.* Was there an autopsy? *no.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Taylor* M. D.

(Address) *1524 N. Madison Ave.*

29365

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29365

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Bayonne Ave St., 77-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? 78 yrs. 4 mos. 8 ds.

2. FULL NAME

Henrietta Wilhelmina Ruhl

If U.S. Veteran

specify WAR NONE(a) Residence: No. 3102 Bayonne Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry Ruhl6. DATE OF BIRTH (month, day, year) July-14-1858

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. 78 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Alex. H. Schulz14. BIRTHPLACE (city or town) Yever
(State or country) Germany15. MAIDEN NAME Anna M. Halser16. BIRTHPLACE (city or town) Hausen
(State or country) Germany17. INFORMANT Henry Ruhl - (husband)
(Address) 3102 Bayonne Ave18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Nov-24-3619. UNDERTAKER Stewart & Mowen Company
(Address) 108 W North Ave

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to Nov 22, 1936.I last saw him alive on Nov 21, 1936. Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia BronchitisDate of onset Nov 1936

Other contributory causes of importance:

Tuberculosis of LungNov 1936Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? medical attended Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Harbert M. Foster

M. D.

(Address) 2720 E Paul St.

OV 24 1936

F 29366
327355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29366

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St. 11-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert A. Dobbin

If U.S. Veteran

specify WAR

(a) Residence: No.

The Preston Apts

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Maria Dobbin*6. DATE OF BIRTH (month, day, year) *3-12-73*7. AGE Years *63* Months *8* Days *11* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Oil Salesman* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Md*FATHER 13. NAME *Robert Dobbin*14. BIRTHPLACE (city or town) (State or country) *Md*MOTHER 15. MAIDEN NAME *Ely Key*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Records* (Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

Place *Grace Bm Elksbridge* Date *Nov 25 1936*19. UNDERTAKER *Henry Jenkins & Co* (Address) *1414 N. Hollister St*

20. FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 23 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 16 1936* to *Nov 23 1936*I last saw him alive on *Nov 23 1936*. Death is said to have occurred on the date stated above, at *3:15 A.M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Colon*Date of onset *Jan 1935*

Other contributory causes of importance:

Malnutrition
*Intestinal Obstruction**Nov 1936*
*Nov 1936*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis: *Xray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Rashin C. Blount* M. D.(Address) *Johns Hopkins Hosp.*

29367

7-29367
29367 J

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. East Ave. 26-10 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 226 S. East Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If married, widowed, or divorced
HUSBAND of Henry Hornberg
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan. 18-1852

7. AGE Years 81 Months 10 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER 13. NAME Henry Getz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Maltus
(Address) 226 S. East Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 11/24/193619. UNDERTAKER
(Address) Shue & Connelley
Essex Md.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936 to 11/21, 1936

I last saw him alive on Nov. 20, 1936. Death is said to have occurred on the date stated above, at 5:12 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 11/14/36

(Cerebral stroke)

Other contributory causes of importance:

arterio Sclerosis

Chronic

Was an operation performed? no Date of _____

For what disease or injury? _____ Date of _____

Name of operation. _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Milton H. Cummin, M. D.

(Address) 2310 Gutter Pl.

29368

F 29368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 958

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.)

St. Ward) 16-17

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ulrich Strickler

If U.S. Veteran
specify WAR

S.A.W.

(a) Residence: No. 1014 N. Appleton St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of Mary Wise
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 6, 1871

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 65 | 1 | 17 | |

| | | |
|------------|---|--------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Sheet metal worker |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 15 yrs. ago |

11. Total time (years) spent in this occupation 0054

12. BIRTHPLACE (city or town) Cumberland
(State or country) Penna.

13. NAME Ulrich Strickler

14. BIRTHPLACE (city or town) York County
(State or country) Penna.

15. MAIDEN NAME Margaret Welsh

16. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Penna.17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 11/25/36

19. UNDERTAKER

(Address) John J. Brown & Son

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1936 to November 23, 1936

I last saw him alive on November 23, 1936 Death is said to have occurred on the date stated above, at 5:52a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Date of onset

2 yrs.

Other contributory causes of importance:

Arteriosclerosis, general

Unknown

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

K. H. Buxant

M. D.

(Address) U.S. Marine Hospital, Baltimore

F 29369

F 29369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Sanders St. ST. 24-2 WARD)

2-FULL NAME

George J. Schmidt.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 413 Sanders St.

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Widower

5a If ~~XXXX~~ widowed, ~~XXXXXXXX~~
HUSBAND of
~~XXXXXXXX~~

Cora Schmidt.

6 DATE OF BIRTH (month, day, and year) December 8, 1882

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

53

11

13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Steam fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Baltimore City.

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

10 NAME OF FATHER

Kasper Schmidt.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Germany.

12 MAIDEN NAME OF MOTHER

Elizabeth -----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Germany.

14

Informant
(Address)Keneth Schmidt. (son)
413 Sanders St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21, 1936

17

I HEREBY CERTIFY, That I attended deceased from
November 18, 1936 to November 21, 1936.
that I last saw him alive on November 21, 1936.

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

CONTRIBUTORY (duration) yrs. mos. 5 ds.
Coronary Thrombosis
(Secondary) (duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto H. Reinhardt, M. D.

11/23/36 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Schwartz cemetery

DATE OF BURIAL

Nov. 25, 1936

20 UNDERTAKER

George W. Zirkler

ADDRESS

1737 E. Eager

Filed

V 24 1936

Registrar

29370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Elsinor Ave 15-8 Ward)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Bounds(a) Residence: No. 2212 Elsinor Ave 15-8 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28, 18657. AGE Years 70 Months 10 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Builder9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD (State or country)13. NAME John Bounds14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Griffith16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Grace Warfield (Address) 2212 Elsinor Ave18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Nov 24, 193619. UNDERTAKER F. Vernon Beehner (Address) 2501 E. ... Ave20. FILED 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23 - 193622. I HEREBY CERTIFY, That I attended deceased from Nov - 16 - 1936 to Nov - 22 - 1936I last saw her alive on Nov - 22 - 1936 Death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute bronchitis with myocardial infarction
attest - medical certificate Nov 16-36

Other contributory causes of importance:

Chronic bronchitis
is about 10 yearsName of operation 70 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned W. E. Cole M. D. (Address) 2202 Garrison St

29371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29371

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Ramsay St.

ST. 19-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Mr John Henry Hurdle

(a) RESIDENCE NO.

1722 Ramsay St.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth R. Hurdle

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1865

7 AGE

71

Years

Months

Days

28

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Retired

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Machinist

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Balto.
Md.

10 NAME OF FATHER

George W. Hurdle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER

Elizabeth Moorehead

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14

Mrs. Elizabeth R. Hurdle
Informant

(Address) 1722 Ramsay St.

15

24 1936
Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov. 21 - 1936

17

I HEREBY CERTIFY, That I attended deceased from

March 1, 1936, to Nov 21, 1936.

that I last saw him alive on Nov 20, 1936

and that death occurred, on the date stated above, at 5:25 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue
& neck.Mar 1 to Nov 21 - 1936
(duration)

yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Terminal pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Pathological Specimen

(Signed)

W. W. W. M. D.

, 19

(Address)

827 Fyfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Loudon Park

DATE OF BURIAL

Nov. 25, 1936

ADDRESS

4101 Ramona Ave.

20 UNDERTAKER

Harry Smith

F 29372

29372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 19-4 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

William Jankowski

(a) Residence: No.

323 S. Mount St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Harriet Jankowski

6. DATE OF BIRTH (month, day, year)

Feb. 24 1895

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

41 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Navy Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

John Jankowski

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Anna Jankowski

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mrs. Harriet Jankowski

(Address)

323 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place London Date Nov 25 1936

19. UNDERTAKER

Harry H. White

(Address)

4101 Edmond Ave.

20. FILED

NOV 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

6:30 am

Coronary Thrombosis

Other contributory causes of importance:

Cerebral Thrombosis

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

29373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29373

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Clifton Ave Ward 5-8)Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Sarah E. Day

(a) Residence: No.

3612 Clifton Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WARNo Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, name of husband or (or) WIFE of John F. Day

6. DATE OF BIRTH (month, day, year)

Sept 4 - 1856

7. AGE

80

Years

Months

2

Days

19If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salt

10. Date deceased last worked at this occupation (month and year)

193511. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country)

Baltomd

FATHER

13. NAME

Washington Galt

14. BIRTHPLACE (city or town) (State or country)

Baltomd

MOTHER

15. MAIDEN NAME

Mary D. Perry

16. BIRTHPLACE (city or town) (State or country)

Baltomd

17. INFORMANT (Address)

Emma J. Gians
3612 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London ParkDate Nov 25 - 1936

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

20. FILED

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 - 193622. I HEREBY CERTIFY, That I attended deceased from May - 4 1936 to Nov - 23 1936I last saw her alive on Nov - 20 1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Senility with arterio-sclerosis - myocardial degeneration, and cerebral atrophy - decomposition

Date of onset

2/24/36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Shirley Cole

M. D.

(Address)

2709 Garrison

NOV 24 1936

M. D. 1936
29374

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29374

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12-12*)Length of residence in city or town where death occurred *40* yrs. *12* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR *No Record*

2. FULL NAME

(a) Residence: No. *1217*

(Usual place of abode)

St. *Ward*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John M. Weldon*6. DATE OF BIRTH (month, day, year) *11-23-1873*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *7*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *1037*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*10. Date deceased last worked at this occupation (month and year) *X*11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Moreland Park*

19. UNDERTAKER

(Address) *Wm Cook 1217 St Paul St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-23-1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) *10*obtained by said inquest, Autopsy or Inquiry) *10*

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *acc* Date of injury *11/23/36*Accident, suicide, or homicide *Calcutt & Co*

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street*Manner of injury *Collision with truck*Nature of injury *Auto*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

F 29375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29375

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Life* St. *9-7* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.Registered No. *210-*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *Pauly*

(Usual place of abode)

St. *9-7*

Ward.

(If non-resident give city or town and State)

If U. S. Veteran, specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Life*6. DATE OF BIRTH (month, day, year) *7-18-63*7. AGE Years *73* Months *3* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *X*11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *John Paul Cook*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Kennedy*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT (Address) *Mr. Oliver*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mr. Oliver*Date *Nov 25*

1936

19. UNDERTAKER (Address) *Wm Cook 1217 St Paul St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-22*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Acc*Accident, suicide, or homicide *Acc* Date of injury *11-22-36*Where did injury occur *Alameda & Kennedy Ave*Specify whether injury occurred in industry, in home, or in public place *Street*Manner of injury *Struck by Auto while crossing street*Nature of injury *Crossing street*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

F 29376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward *16-1*)

Registered No. _____

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Mayfield Boyle

If U. S. Veteran specify WAR _____

(a) Residence: No. *1043 W. Sanvale* St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Bertha Boyle*6. DATE OF BIRTH (month, day, year) *1881*7. AGE Years *55* Months _____ Days _____ If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as apothecary, sawyer, bookkeeper, etc. *Physician*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1054*10. Date deceased last worked at this occupation (month and year) *11-7-36* 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Freetown Sierra Leone, W. Africa*13. NAME *Edward Boyle*14. BIRTHPLACE (city or town) (State or country) *Sierra Leone, W. Africa*15. MAIDEN NAME *Sarah Eason*16. BIRTHPLACE (city or town) (State or country) *Sierra Leone, W. Africa*17. INFORMANT *Mrs. B. Boyle*
(Address) *688 Prosser Ave. St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Arbutus* Date *11/24* 19*36*19. UNDERTAKER *Mrs. George Holland*
(Address) *1631 Grand Blvd. Ave.*

20. DATE

11-24-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-21-1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 7* 19*36* to *Nov. 21* 19*36*I last saw him alive on *Nov. 21* 19*36* Death is said to have occurred on the date stated above, at *11:00 am*.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation Date of onset *11-19-36**Hypertensive cardio-vascular renal disease* *1927*

Other contributory causes of importance:

Uremia *11-18-36*Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation *clinical* Date of _____What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *J. Carr* M. D.(Address) *515 Mesher St.*

M. D. B 120
F 29377

F 29377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* St. *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR2. FULL NAME *Frederick Kneller Grim*(a) Residence: No. *117 Newburg Ave Catonsville* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 1 - 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*24*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *1*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Frederick Kneller Grim*14. BIRTHPLACE (city or town) (State or country) *Catonsville Md*15. MAIDEN NAME *Mary S. Duvings*16. BIRTHPLACE (city or town) (State or country) *Washington D. C.*17. INFORMANT *Thos Catherine Grim*
(Address) *908 Lombard St Catonsville Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Nov 24 1936*19. UNDERTAKER *Thos. H. Phillips*
(Address) *1737 24th St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 24*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by and *Thos. H. Phillips* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

myelodysplasia Date of onset *Nov 1-36*

Other contributory causes of importance:

Myelodysplasia *Nov 1-36*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos. H. Phillips*

Coroner

M. D.

(Address) *1737 24th St*

See instructions on back of certificate.

v s e

29378

F 29378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Thoman

If U.S. Veteran specify WAR

(a) Residence: No. 2633 Monument St. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

6a. If married, widowed, or divorced HUSBAND of XXXXX Margaret (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6/17/1878

7. AGE Years 58 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House-repairing 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. FATHER George (d) Thoman Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Johanna Yauch (d)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Sepulchre 11/25/36

19. UNDERTAKER (Address) 277 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-15-36 to 11-23-36

I last saw him alive on 11-23-36 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis (non-arteriosclerotic) Date of onset 11-23-36

Other contributory causes of importance:

Arteriosclerotic heart disease

Was an operation performed? no

Date of

For what disease or injury? no

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

John F. Kaimery M.D. Baltimore City Hospital

FILED 24 1936

29379

F 29379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18416

107-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clinton Smith

If U.S. Veteran

specify WAR

(a) Residence: No. 864 W. Fayette St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|----------------|---------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-22-1883

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 53 | 0 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

13. NAME Frank Smith

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Brookington DC Date Nov 22 1936

19. UNDERTAKER J. H. Tattarull
(Address) Washington DC

20. FILED

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1936 to 11-23, 1936

I last saw him alive on 11-23, 1936 Death is said to have occurred on the date stated above, at 6 25 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

3 days

Other contributory causes of importance:

multiple sinuses right hip & groin cause undetermined 6 mos.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

H. A. Moore
Balt. City Hosp.

29380

F 29380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt.,

St. 17-1 Ward)

23 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life

mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rose Brooks

If U.S. Veteran

specify WAR

(a) Residence: No. 680 W. Mulberry St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Brooks

6. DATE OF BIRTH (month, day, year) 10-12-1883

| | | | | |
|--------------|------------|-------------|------------|--|
| 7. AGE 53 | Years / | Months / | Days 11 | If LESS than 1 day, hrs. or min. |
|--------------|------------|-------------|------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Boston

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 11/25 1936

19. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1936 to 11-23 1936

I last saw him alive on 11-23 1936 Death is said to have occurred on the date stated above, at 12³⁰ AM.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset 2 yrs?

Other contributory causes of importance:

Anemia Secondary

Date of onset

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey M. D.
Baltimore City Hospital

Registrar.

V-24-1936

29381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29381

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St., *28-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *38* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4017 Kathlamund ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Wid.*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Late Samuel*6. DATE OF BIRTH (month, day, year) *1865*7. AGE Years *71* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia* (State or country)FATHER 13. NAME *Jacob Nargrodsky*14. BIRTHPLACE (city or town) *Russia* (State or country)MOTHER 15. MAIDEN NAME *Hannah ?*16. BIRTHPLACE (city or town) *Quadia* (State or country)17. INFORMANT *Mrs. Schlossberg* (Address) *4017 Kathlamund ave*18. BURIAL, CREMATION, OR REMOVAL *Hebrew Southern ave* Place Date *Nov. 24, 1936*19. UNDERTAKER *Sol Lewinson & Bros* (Address) *1127 E. Balto. St.*20. FILED *Huntington Hill*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 24, 1936*22. I HEREBY CERTIFY. That I attended deceased from *11-16-36*, 19, to *11-24-36*, 19.I last saw her alive on *11-24-36*, 19. Death is said to have occurred on the date stated above, at *2:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Uremia
Left Kidney Stone, Pelvic
Pulmonary Edema

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *B. Tidman* M. D.(Address) *Sinai Hospital*

29382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29382

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William Drake

If U.S. Veteran

specify WAR _____

(a) Residence: No. _____

Middlesboro

St. _____

Ward _____

Kentucky

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *8-13-68*7. AGE Years *68* Months *3* Days *10* If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager Flour Mill* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *8856* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Tennessee*

13. NAME

William Drake

14. BIRTHPLACE (city or town) (State or country) *N Car*

15. MAIDEN NAME

Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) *Tenn*

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Manassas, Tenn* Date *Nov. 29, 1936*

19. UNDERTAKER

(Address) _____

20. FILED

Rev. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 18, 1936* to *Nov 23, 1936*I last saw him alive on *Nov 23, 1936*. Death is said to have occurred on the date stated above, at *8:05 p.m.*

The principal cause of death and related causes of importance were as follows:

Cardiac failure

Date of onset

11/23/36

Other contributory causes of importance:

*Intestinal cancer*Was an operation performed? *Yes*Date of *11/23/36*

For what disease or injury?

*Bleeding prostate hyper-**trophy; urinary retention*What test confirmed diagnosis? *Rectal*Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____ 19. _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) *Ward W. Briggs*(Address) *Johns Hopkins Hospital*

M. D.

29383

✓ F 29383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Cheslea Terrace, 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary E. Bastian

If U. S. Veteran specify WAR

(a) Residence: No. 2102 Cheslea Terrace

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HIS HAND of (or) WIFE of Henry G. Bastian

6. DATE OF BIRTH (month, day, year) June 29, 1859

7. AGE Years 77 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Howard Co. (State or country) Maryland

13. NAME Andrew Kraft 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Dorothy Leinbach 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT MR. Henry G. Bastian (Address) 24 Amaphis Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Nov. 24, 1936

19. UNDERTAKER E. Easton, Sons (Address) Belmont City

20. ILL ED 24-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from NOV. 12, 1936, to NOV 22, 1936

I last saw her alive on NOV 21, 1936 Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis about NOV 1/36 Chronic parenchymatous nephritis 9 Other contributory causes of importance: Arterio-sclerosis 1928 Hypertension

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Excised & Sutured Date of

What test confirmed diagnosis? A Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Walter Dublet M. D.

(Address) 2220 Garrison Blvd

18882

✓ F 29384

29384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Flierl

If U.S. Veteran

specify WAR _____

(a) Residence: No. 632 S. Grundy St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia6. DATE OF BIRTH (month, day, year) 12-4-1863

| | | | | |
|------------------|-------|-----------|-----------|--|
| 7. AGE <u>73</u> | Years | Months | Days | If LESS than 1 day. _____ hrs. or _____ min. |
| | | <u>11</u> | <u>19</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME ?14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bacony Heath Date Nov 27, 193619. UNDERTAKER Jelly & Flierl
(Address) 808 S. W. 120. FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 193622. I HEREBY CERTIFY, That I attended deceased from 11-21, 1936 to 11-23, 1936I last saw him alive on 11-23, 1936 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 4 yrs

Other contributory causes of importance:

Was an operation performed? NO

Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John H. Barney(Address) Baltimore City Hospital

F 29385

29385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3020 Alsea Ave*)St. *27-3* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *3020 Alsea Ave*

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4 Color or Race *White* 5. Single, Married, Widowed,
or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of *Carrie M. Davis*6. DATE OF BIRTH (month, day, year) *11/12/1881*7. AGE Years *55* Months *5* Days *9* If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Police Sergeant*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *0061*
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Charles Davis*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Ellen Duane*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT
(Address) *Mrs. C. Davis*
*3020 Alsea Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Catholics* Date *11/25*, 19 *36*19. UNDERTAKER
(Address) *J. J. Jones & Sons*
*313 N. E. St.*20. FILED *1936*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/24*, 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 19 *36* to *11/24/36*I last saw him alive on *11/24*, 19 *36* death is said
to have occurred on the date stated above, at *88* m.The principal cause of death and related causes of
importance were as follows:*Acute Myocardial*
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

*Cardiac Decomposition*Name of operation *None* Date of _____What test confirmed diagnosis? *Autopsy*23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? *No* so, specify _____(Signed) *W. J. Jones*

M. D.

(Address) *57-3 Harbor*

29386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-13 18793

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 24-2 St. Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 411 E. Clement St. St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Birdie Howard (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-16-1868

7. AGE 68 Years Months Days 11 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 7 5

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 11/25 1936

19. UNDERTAKER (Address) J. J. Zaher & Sons 1738 E. Light St.

20. FILED 29386 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-17 1936 to 11-22 1936

I last saw h. / m. alive on 11-22 1936 Death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 3 days

Other contributory causes of importance:

Cerebral Thrombosis Multiple Unk non-syphilitic

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

29387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 76-12 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? yrs.....mos.....ds.

2. FULL NAME Samuel Evans(a) Residence: No. homeless

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
|-----------------------|----------------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5/6/1857

| | | | | |
|-----------|----------|-----------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
| <u>79</u> | <u>6</u> | <u>10</u> | | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Salisbury, Md.13. NAME Henry Evans14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Margaret Bradley16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL NOV 24 1936
Place St. Mary's, Md.19. UNDERTAKER Commissioner of Health(Address) Per H. A. Moore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 193622. I HEREBY CERTIFY, That I attended deceased from
6-5 1936 to 11-16, 1936I last saw him alive on 11-16, 1936 Death is said
to have occurred on the date stated above, at 8:10 A.M.The principal cause of death and related causes of
importance were as follows:Anteroseptal Heart Disease

Date of onset

und

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John F. Ramsey
Baltimore City Hospital

M. D.

F 29388

F 29388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Wentworth Road St. 28-2 Ward)

Length of residence in city or town where death occurred yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jane Blair

(a) Residence: No. 4508 Wentworth Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) Jan 17 1936

7. AGE Years Months Days 10 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME John Thomas Blair

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

15. MAIDEN NAME Anna Louise Golibart

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT John T Blair (Address) 4508 Wentworth Road

18. BURIAL, CREMATION, OR REMOVAL Place Randallstown Md. Date Nov 25 1936

19. UNDERTAKER Harry H. Chambers (Address) 4204 Ridgewood Ave

20. FILED 1936 Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1936 to Nov. 24 1936.

I last saw her alive on Nov. 23 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Status Lymphaticus

Date of onset

?

Other contributory causes of importance:

1) - Bronchitis + Typhoid
Respiratory Infection

3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation - Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Earl L. Chambers M. D.

(Address)

4108 - Liberty Hg. Ave.

29389 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 18-3 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerome A. Goodhues

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR W.W.

(a) Residence: No. 1009 W. Baltimore St. Balto., St., 18-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28, 1896

7. AGE Years 40 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country) Maryland.

13. NAME Ferdinand J. Goodhues

14. BIRTHPLACE (city or town) Brooklyn (State or country) New York

15. MAIDEN NAME Elizabeth Douglas

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address) 1003 N. E. St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1936 to November 23, 1936

I last saw him alive on November 23, 1936 Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

Stricture of rectum, due to lymphogranuloma inguinale.

Date of onset

Unknown

Other contributory causes of importance:

Hemorrhage from colostomy, due to lymphogranuloma inguinale.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical findings. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. V. a. duron M. D.

(Address) U.S. Marine Hospital

Baltimore, Md.

F 29390

F 29390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 McDonough St. Ward 7-4)Length of residence in city or town where death occurred 39 yrs. — 7 mos. — 10 ds. How long in U. S. If of foreign birth? 39 yrs. — 7 mos. — 10 ds.
If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1033 McDonough St. Ward 7-4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Charles E. White
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18807. AGE Years 56 Months 7 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Nov. 16, 1936 11. Total time (years) spent in this occupation 39 1/212. BIRTHPLACE (city or town) Elmer, Kansas
(State or country)13. NAME Alley Edwards14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Amanda?16. BIRTHPLACE (city or town) Elmer, Kansas
(State or country)17. INFORMANT Charles E. White
(Address) 1033 McDonough St.18. BURIAL, CREMATION, OR REMOVAL Not buried
Place Not buried Date Nov 27, 193619. UNDERTAKER J. P. Williams
(Address) 1515 McCallum St.20. FILED 24 1936

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936 to Nov. 21, 1936I last saw h. or alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

11/19/36

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? — Date of —Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify —(Signed) Wm. H. Duke M. D.(Address) 1741 E. Eager St.

29391

✓ F 29391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 E. Fayette St. 6-5 Ward)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR

2. FULL NAME

Elizabeth Barnett(a) Residence: No. 1523 E. Fayette St., 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Richard Barnett
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18957. AGE Years 41 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Marion
(State or country) S.C.13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Hazel Barnett
(Address) 1523 E. Fayette18. BURIAL, CREMATION, OR REMOVAL
Place Not Calvary Cem Date Nov 25, 193619. UNDERTAKER Robert Williams
(Address) 1515 Mc Elroy St20. FILED 24 193619. 1515 Mc Elroy St Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 193622. I HEREBY CERTIFY That I attended deceased from Nov. 12, 1936, to Nov. 20, 1936I last saw him alive on Nov. 20, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Diabetes coma

Date of onset

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Phys. Exam - Urine Exam. Date ofWhat test confirmed Diabetes Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Nov. 18, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. L. Berry M. D.(Address) 1420 O. Chase

29392

F 29392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Alpine Road St., 27-14 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 302 Alpine Road St., 27-14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert R. Parker, Jr.c. DATE OF BIRTH (month, day, year) Oct. 10-18617. AGE Years 75 Months 1 Days 12 If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Oct. 10-1861
11. Total time (years) spent in this occupation 00312. BIRTHPLACE (city or town) Alabama
(State or country)13. NAME William Denver14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Caroline16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Sadie V. Gudeman
(Address) 302 Alpine Road18. BURIAL, CREMATION, OR REMOVAL Grundy Ridge
Place Nov. 25-193619. UNDERTAKER Horace B. Burgee
(Address) 3631 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936 to Nov. 22, 1936I last saw her alive on Nov. 21, 1936. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Median Eslatation

Date of onset

Other contributory causes of importance:

Myocarditis
Arterio Sclerosis, Bronchitis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If not, specify _____

(Signed) H. M. M.(Address) 4037 Falls Road

M. D.

FILED

24 1936

29393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29393

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *600 N. Glenison* St. *16-8* Ward)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *73* yrs. *4* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward J. Barron

If U. S. Veteran specify WAR

(a) Residence: No. *600 N. Glenison*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Isabelle Gould Barron*c. DATE OF BIRTH (month, day, year) *July 10/63*7. AGE *73* Years *4* Months *12* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *wood*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)13. NAME *Thos. H. Barron*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Julia C. Eagen*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Mrs. E. J. Barron* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cem.* Date *Nov. 25, 1936*19. UNDERTAKER *Margaret H. Flynn* (Address) *1422 N. High St.*20. FILED *24 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/22-36*22. I HEREBY CERTIFY That I attended deceased from *11/1-86* to *11/22-36*I last saw him alive on *11/21-36* Death is said to have occurred on the date stated above, at *245 P.M.*

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation 11/36
Bronchial Asthma 1935-

Date of onset

Other contributory causes of importance:

Was an operation performed? *—*Date of *—*For what disease or injury? *—*Name of operation *—*Date of *—*What test confirmed diagnosis? *—*Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas A. Cechin*(Address) *2445 N. Balto H*

M. D.

29394

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29394

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital*)Registered No. *107a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Jean Spruill*

If U. S. Veteran

specify WAR

(a) Residence: No. *3 N. Gilmor St.*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *January 14/1930*7. AGE Years *6* Months *10* Days *10* LESS than day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Leroy Walter Spruill*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Ruth Brown*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Leroy W. Spruill* (Address) *8 N. Gilmor St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Worfolk Va.* Date *Nov. 24, 1936*19. UNDERTAKER *George L. Ashurst* (Address) *2101 E. Endowed Av.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/24*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11/10*, 19*36*, to *11/24*, 19*36*I last saw her alive on *11/24*, 19*36*. Death is saidto have occurred on the date stated above, at *3 A.M.*

The principal cause of death and related causes of importance were as follows:

*bronchopneumonia
hepatitis
congestive heart failure*

Date of onset

*11/8/36**11/14/36*

Other contributory causes of importance:

*Pleural effusion
Ascites*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. D. Brown*

M. D.

(Address) *Bon Secours Hospital*

24-1936

Huntington
R. P. R.

29395 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29835

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Minnoka Ave 27-29 Ward)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth? yrs... mos... ds.

2. FULL NAME Lawrence Richter

(a) Residence: No. 5503 Minnoka Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U.S. Veteran specify WAR no

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Richter

6. DATE OF BIRTH (month, day, year) April 28, 1887

7. AGE Years 49 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ottenheimer Bros 10. Date deceased last worked at this occupation (month and year) Nov. 22/36 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balt Md.

13. NAME Lawrence Richter

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Charlotte Seebach

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Catherine Richter (Address) 5503 Minnoka Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Nov 25 1936

19. UNDERTAKER Mrs. Mrs. John W. Gimpel & Son (Address) 801 N. Fayette St

20. FILED 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-21-36, 1936, to 11-23-36, 1936.

I last saw him alive on 11-22-36, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows: Coronary artery probably

Other contributory causes of importance: Coronary artery disease, arteriosclerosis, atherosclerosis, etc. Date of onset over

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred F. Fetter M. D. (Address) 10 N. Fulton Ave

R. P. N

29396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29396

CERTIFICATE OF DEATH

X 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St. H-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2/* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Caroline Cooper

If U.S. Vet.

specify War

No Record

(a) Residence: No.

Pasadena Maryland St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *Sept 29, 1936*7. AGE Years Months Days *1 55* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *—*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Pasadena* (State or country) *Maryland*13. NAME *Paul Cooper*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Caroline Avery*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Paul Cooper* (Address) *Pasadena Md*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *Nov 20th 36*19. UNDERTAKER *Way Cook* (Address) *1217 St Paul St*20. FILED *11-20-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 23, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 31, 1936, to Nov 23, 1936*I last saw h.c.r. alive on *Nov 23, 1936*. Death is said to have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Asphyxia*Date of onset *11/23/36*

Other contributory causes of importance:

*Insanity, dehydration, pneumonia**10-21-36*Was an operation performed? *No* Date of *—*

For what disease or injury?

What test confirmed diagnosis? *C. (1936)* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *—, 19—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Leah E. Beach, M.D.*(Address) *Univ. Hospital*

F 29397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29397

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital*CITY OF BALTIMORE: (No. *76-4* St. *76-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mr. Henry Gerreis*If U. S. Veteran *No Record*
specify WAR(a) Residence: No. *37 North Harsen St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) *Married*5a. If married, ~~widowed~~, or ~~divorced~~
HUSBAND of *Helena Gerreis*
~~WIFE of~~6. DATE OF BIRTH (month, day, year) *May 10th 1861*7. AGE Years Months Days If LESS than
75 *6* *14* I day. hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Unknown*
14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *R.E. Lee Young*
(Address) *3 E. Lexington St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Camel* Date *Nov 27th 1936*19. UNDERTAKER *Wm. Bobb*
(Address) *1217 St. Paul St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 24, 1936*22. I HEREBY CERTIFY, That I attended deceased from *12:30 A.M., 11/24/1936, to 10:15 A.M., 11/24/1936.*I last saw him alive on *November 24, 1936.* Death is said to have occurred on the date stated above, at *10:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized

Date of onset

Unknown

Other contributory causes of importance:

Myocardial Failure
*Generalized Anasarca**Unknown**Unknown*Was an operation performed? *No* Date of *-*For what disease or injury? *-*Name of operation *-* Date of *-*What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *-*, 19 *-*Where did injury occur? *-*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*Manner of injury *-*Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *-*(Signed) *Louis J. Hill*

M. D.

(Address) *South Baltimore Gen. Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 29398

Alisea

F 29398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Dead in arriving at Md. Gen. Hospital

Registered No.

CITY OF BALTIMORE: (No.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Philip A. Alisea

If U. S. Veteran

specify WAR

No Record

(a) Residence: No.

1425 N. Broadway

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Myrtle Alisea

6. DATE OF BIRTH (month, day, year)

May 30, 1910

7. AGE

26

Years

Months

Days

If LESS than
1 day..... hrs.
or..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cleaned weapons

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

MOTHER

13. NAME

Frank Alisea

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

15. MAIDEN NAME

Laisy Lee Gallipier

16. BIRTHPLACE (city or town)
(State or country)

Seeshery, Va.

17. INFORMANT
(Address)Mrs Myrtle Alisea
1425 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place

U. S. National

Date

Nov 27, 1936

19. UNDERTAKER
(Address)Wm Cook
1217 St Paul St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, Autopsy or Inquiry)obtained by said
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Bullet wound in head

Other contributory causes of importance:

Very poor heart health "TB"

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Hager
1210 N. N. Ave

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F29399

F29399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Duketland 15-1

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary A. Welch

If U.S. Veteran specify WAR

(a) Residence: No. 1917 Duketland

Ward Boston Mass

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of John J. Welch (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1859

7. AGE Years 77 Months 0 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brockton

(State or country) Mass

13. NAME David Hennessey

14. BIRTHPLACE (city or town) Ireland

(State or country)

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) Ireland

(State or country)

17. INFORMANT Mr. Ernest H. Lorey

(Address) 1917 Duketland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass Nov 25, 36

19. UNDERTAKER Wm. McKuey Sons

(Address) North & Adams

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 12, 1936, to Nov. 24, 1936

I last saw her alive on Nov. 24, 1936 Death is said to have occurred on the date stated above, at 6.12 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset

1933

Other contributory causes of importance:

Senile gangrene - right foot

Date of onset

Nov. 4, 1936

Was an operation performed? Date of

For what disease or injury?

Blood Chemistry Urinalysis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hendrickson M. D.

(Address) 2837 Welbrook Ave

F 29400

HEALTH DEPARTMENT—CITY OF BALTIMORE

18290

F 29400

CERTIFICATE OF DEATH

✓ 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. 16-1 Ward)

Length of residence in city or town where death occurred 1931 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert S. Stansbury

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 1210 W. Lanvale St.,

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------------|--|
| 3. SEX M | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|-----------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------------|-------------|-------------|------------|--|
| 7. AGE 53 | Years 00 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min. |
|--------------|-------------|-------------|------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME Cordelia Tildon

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Anne DeGruce, Md. Nov 26, 1936

19. UNDERTAKER

Mrs. Katie R. Williams
(Address) 322 N. Schuylkill St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936 to 11-21, 1936

I last saw him alive on 11-21, 1936 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

Abscess of Liver (organism undetermined) Date of onset 10-24-36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so specify

(Signed)

(Address)

John F. Ranney, M.D.
Baltimore City Hospital

F 29401

17928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jackson

(a) Residence: No. 923 W. Lexington St. St. Ward. (if non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary March 18, 1900

6. DATE OF BIRTH (month, day, year) 9/15/1896

7. AGE Years 36 Months 5 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 74

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME William Jackson

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Peggy Taylor

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov 26, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schenck St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1936, to 11-23, 1936.

I last saw him alive on 11-23, 1936 Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows: Arteriosclerotic Heart Dis. 10 mos?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in below following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospital

FILED 1936

Registrar

F 29402

F 29402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *206 N. Poppleton* ST. *18-1* WARD)

2—FULL NAME

Mary Harris

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

206 N. Poppleton

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

*Female**Cal**Widow*

a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Frank Harris*

6 DATE OF BIRTH (month, day, and year)

?

7 AGE

52

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Appahannock*
Va.

10 NAME OF FATHER

Bobby Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Va.

12 MAIDEN NAME OF MOTHER

Martha Young

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Va.

14

Informant

relatives

(Address)

206 N. Poppleton

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *11-22-36*

17

I HEREBY CERTIFY, That I attended deceased from

11-18-36, 19, to *11-21-36*, 19

that I last saw her alive on

"

19

and that death occurred, on the date stated above, at *6:45 a.* m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) yrs. mos. *4* ds.CONTRIBUTORY
(Secondary)*arterio-sclerotic*(duration) yrs. *1* mos. ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

D. N. Cardoso

M. D.

123-1936 (Address) *1524 Druid Hill Ave.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Mt. Auburn**Nov 25, 1936*

20 UNDERTAKER

ADDRESS *322 N.**Mrs. Katie R. Williams Schroeder St.*

25 1936

HEALTH DEPARTMENT—Emory CITY OF BALTIMORE

F 29403

CERTIFICATE OF DEATH.

48 F 29403

1-PLACE OF DEATH

City of BALTIMORE: (No. 4150 Falls Rd St. 13 Ward)

2-FULL NAME

Rachel Smoot

(a) RESIDENCE NO.

4150 Falls Rd St. 27 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (write the word) Married6a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAlvin L. Smoot

6 DATE OF BIRTH (month, day, and year)

Nov. 22, 1876
Nov 5-1876

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.7018 17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

until 2 yrs ago no obs. c. in public service

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Friendship, Annerunde

10 NAME OF FATHER

Robt. B. Perry

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Annerunde, Lee Md

12 MAIDEN NAME OF FATHER

Odette Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Annerunde, Lee Md

14

Informant

Mamie V. Schwarzkopf

(Address)

4150 Falls Road

15

Filed

Nov 25 1936Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

1936Nov. 22

17 I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1936 to Nov. 22, 1936that I last saw her alive on Nov. 22, 1936and that death occurred, on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH* was as follows:

abdominal tumor or neoplasm
with probability of
Malignancy
Probable (duration) 10 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

unknown (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of.....Was there an autopsy? yesWhat test confirmed diagnosis? Palpation & X-ray(Signed) S. Herman R. W. and, M. D.11/23 1936 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

London Park Cem - Nov 25 1936

ADDRESS

20 UNDERTAKER

Joseph Syfer 1600 H. North

29404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29404

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Annapolis Road Ward 5-3)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas S. Kulin(a) Residence: No. 2132 Annapolis Road Ward 5-3

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Rose A. Kulin (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 9 - 18747. AGE Years 62 Months Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Albert Kulin14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Margaret B. Lippert16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Rose A. Kulin (Address) 2132 Annapolis Road18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Nov. 25, 193619. UNDERTAKER Joseph Sykes (Address) 1608 W. North Ave.20. FILED 2132 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 193622. I HEREBY CERTIFY. That I attended deceased from November 8, 1936 to November 22, 1936I last saw him alive on November 21, 1936 Death is said to have occurred on the date stated above, at 2-10 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
(uræmia)Arteriosclerotic Heart Disease
with Hypertension

Date of onset

?

?

Other contributory causes of importance:

generalized arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Albert J. Glasco M. D.(Address) 876 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly examined. See instructions on back of certificate. OCCUPATION is very important.

29405

O.K. - Paul Munkin, M.D. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 E. Oliver St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elise Krieger

U.S. Veteran
specify WAR

(a) Residence: No. 2214 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

5a. If married, widowed, or divorced

HUSBAND of Louis C. Krieger
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1848

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
88 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME ? Bischoff

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. John J. Zink
(Address) 7826 Overland Ave.

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Emmanuel Cem. Date Nov. 25, 1936

19. UNDERTAKER J. Heumann, Son
(Address) 32 E. Broadway

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 10, 1936 to Nov. 22, 1936

I last saw him alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

Acute Fibrinous Pleurisy

Acute Myocarditis

Other contributory causes of importance:

Fracture of the neck of the left femur. (Over) Jan. 36

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Edward J. Singwood M. D.

(Address) 1613 E. High Ave.

25 1936

29406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29406

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Stockton St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2320 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Bertha Jones
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 19, 18857. AGE Years 50 Months 10 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME George W. Jones14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Laura L. Johnson16. BIRTHPLACE (city or town) (State or country) Baltimore Md.17. INFORMANT William A. Jones
(Address) 2320 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 25 193619. UNDERTAKER V. G. Brooks Jr.(Address) 1463 N. Carey St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Nov 21 1936I last saw him alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lung

Data at onset

Apr 10/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) E. William Fries M. D.(Address) 1128 Penna St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29407

F 29407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 8-11* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. *1102 N. Bradford St.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *November 23, 1936*7. AGE Years _____ Months _____ Days *1* If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *0000*12. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)FATHER 13. NAME *John H. Dieter*14. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)MOTHER 15. MAIDEN NAME *Florence E. Cook*16. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)

17. INFORMANT

(Address) *John H. Dieter 1102 N. Bradford St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Evangelical Church Nov. 25, 1936*

19. UNDERTAKER

(Address) *Geo. W. Ziskler 1737 E. Edgar St.*

20. FILED

25 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 24, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Karl Schuler*(Address) *1919 E. North Ave.*

Coroner

M. D.

F 29408 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29408

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Walbrook Ave. St. 15-6 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Roach

(a) Residence: No. 3311 Walbrook Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Peckocheck

6. DATE OF BIRTH (month, day, year) Mar. 3, 1850

7. AGE Years 86 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Robert Roach

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary E. Bausman

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Anna M. Ricketts (Address) 3311 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 24, 1936

19. UNDERTAKER John C. Whittell Sons (Address) 1900 Eutaw Place

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 11, 1934 to Nov. 22, 1936

I last saw him alive on Nov. 22, 1936 Death is said to have occurred on the date stated above, at 9th p. m.

The principal cause of death and related causes of importance were as follows:

generalized arteriosclerosis

Date of onset

1934

Other contributory causes of importance:

chronic myocarditis

1934

Was an operation performed? none Date of

For what disease or injury?

What test confirmed diagnosis? usual

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

3030 Edmondson Ave.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

NOV 25 1936

F 29409 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29409

CERTIFICATE OF DEATH

1. PLACE OF DEATH Calvert Court Apts.
 CITY OF BALTIMORE: (No. Calvert & 31st Sts. 12-2 Ward)
 Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME Francis P. Welsh
 Calvert Court Apts.
 (a) Residence: No. Calvert & 31st Sts St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married
 5a. If married, widowed, or divorced HUSBAND of Helen Purvis (or) WIFE of
 6. DATE OF BIRTH (month, day, year) Mar. 19, 1876
 7. AGE Years 60 Months 8 Days 5 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, Assistant-Sec'ty sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity-Deposit Company
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1004
 12. BIRTHPLACE (city or town) Baltimore (State or country) Md.
 13. NAME Michale Welsh
 14. BIRTHPLACE (city or town) Ireland (State or country)
 15. MAIDEN NAME Charlotte Donaher
 16. BIRTHPLACE (city or town) Ireland (State or country)
 17. INFORMANT Helen Purvis Welsh (Address) Calvert Court Apts.
 18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Nov. 27, 36
 19. UNDERTAKER John O. Mitchell & Sons 1900 Eutaw Place MBM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936
 22. I HEREBY CERTIFY That I attended deceased from Nov 21, 1936 to Nov 24, 1936
 I last saw him alive on Nov 23, 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

11/21/36

Other contributory causes of importance:

Arterolar Sclerosis

Was an operation performed? NO Date of

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Frank J. Geraghty M. D.
 (Address) 3047 St. Paul St.

20. FILED

19

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 29410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29410

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Ellsworth St. 8 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.
If U. S. Veteran

2. FULL NAME

(a) Residence: No. 1614 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|--------|------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 6, 1894*

| | | | | |
|-------------------------------------|-------|--------|------|--|
| 6. DATE OF BIRTH (month, day, year) | | | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day,..... hrs. or..... min. |
| | 42 | 6 | 03 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

| | | |
|-----|----------|--------------------|
| FIR | 13. NAME | Beyazim Reinfelder |
|-----|----------|--------------------|

14. BIRTHPLACE (city or town)
(State or country) *Germany*

| | | |
|----|--------------------|---------|
| F | (State or country) | Germany |
| ER | 15. MAIDEN NAME | Masque |

16. BIRTHPLACE (city or town)
(State or country) *Germany*

17. INFORMANT Michael Reinfeld

15. RITUAL CREMATION, OR REMOVAL *b. 100*

National Cemetery Date Nov. 23 19

19. UNDERTAKER *Soft E. Emerson & Bros*
(Address) *1137 E. Balbo St*

(Address) _____

20. FILED _____

23 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

Obtained by said Sigurd and that said deceased came
(Request, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Alcoholism

[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Swab Was there an autopsy? No
 22-16 death was due to external causes (violence) fill in also the fo

23. If death was due to circumstances following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

place _____

| | |
|------------------|--|
| Manner of Injury | |
| Nature of Injury | |

24. Was disease or injury in any way related to occupation of deceased

If so, specify Paul Hunter M.

(Address) 1918 C. North Ave.

F 29411

29411-47

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pauline L. Geier

If U.S. Veteran
specify WAR

(a) Residence: No.

8105 Broadway St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| female | white | married |
| 6. If married, widowed, or divorced | | |
| HUSBAND of August Geier | | |
| (or) WIFE of | | |
| 7. DATE OF BIRTH (month, day, year) 8/2/76 | | |
| 7. AGE | Years | Months |
| | 60 | 3 |
| | Days | If LESS than 1 day, hrs. or min. |
| | 22 | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housewife | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Franz Kutting

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Augusta Guetner

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Records

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery

Date

Nov. 27. 1936

HENRY SANDER & SONS, INC.

19. UNDERTAKER

(Address)

Baltimore & Broadway.

20. FILED

V 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1936 to Nov 24, 1936

I last saw him alive on Nov 24, 1936. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus
Coronary occlusion

Date of onset

11-24-36

11-24-36

Other contributory causes of importance:

Arteriosclerosis heart disease
Gangrene both feet

1932?

Oct. 1936

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Signed

Frederick C. Wilber Jr.

M. D.

(Address)

Johns Hopkins Hospital

F 29412 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29412

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E 30th St. 9-6 Ward)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1820 E 30th St., 9-6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If ~~widowed~~, widowed, divorced HUSBAND Thomas Adlesover (or WIFE)

6. DATE OF BIRTH (month, day, year) Jan 18th 1867

7. AGE 69 Years 10 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Dont Know

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Hartung

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Lehas Orth (Address) 2923 Overland ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date Nov 27, 1936

19. UNDERTAKER Geo Schilling & Sons (Address) 1124 1/2 - 1126 E. Monument St

20. FILED —

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Nov 24, 1936

I last saw him alive on Nov 24, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows: Coronary Myocarditis Date of onset Dec 1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

29413

18514

✓ F 29413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Schafline (or Schaffine)

U. S. Veteran
specify WAR(a) Residence: No. 602 N. Milton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| M | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Estella

6. DATE OF BIRTH (month, day, year) 12-28-1882

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 54 | 53 | 10 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Peter Schafline

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Hurman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 11/27/3619. UNDERTAKER Philip H. Swigonski
(Address) 2016 Orleans St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1936 to 11-23, 1936

I last saw him alive on 11-23, 1936 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)

Date of onset

3 days

Other contributory causes of importance:

Cerebral Thrombosis (non-bacterial)

5 mks

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John S. Rainey (Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

NOV 25 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE 29414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Hilmar St., 19-4 Ward)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? Life yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 210 S. Hilmar St., 19-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Eatherine E. (or WIFE of Eatherine E.)

6. DATE OF BIRTH (month, day, year) Sept. 26-1853

7. AGE Years 83 Months 1 Days 28 If LESS than 1 day, hrs. 27 or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Schultzeis

14. BIRTHPLACE (city or town) Germany (State or country) _____

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany (State or country) _____

17. INFORMANT John Schultzeis (Address) 210 S. Hilmar

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 11-25-36

19. UNDERTAKER J. B. Thippert & Son (Address) 300 E. Main Place

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23-36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936 to Nov. 23, 1936

I last saw him alive on Nov. 22, 1936. Death is said to have occurred on the date stated above, at 10:57 a.m.

The principal cause of death and related causes of importance were as follows: Hypertensive heart disease

Other contributory causes of importance: arteriosclerosis

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S. Rendie Wallace M. D.
(Address) 2839 Wallbrook Ave.

Date of onset Jan. 28, 1936

Date of death Jan. 28, 1936

Was there an autopsy? No

Date of injury _____, 19____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S. Rendie Wallace M. D.
(Address) 2839 Wallbrook Ave.

OCCUPATION is very important. See instructions on back of certificate.

25 1936

Thompson

29415

HEALTH DEPARTMENT—CITY OF BALTIMORE 29415

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 7 mo. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Willard H. Boies.

If U. S. Veteran

specify WAR

(a) Residence: No.

1632 Webster St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Divorced |

5a. If ~~Widowed~~ or divorced
HUSBAND of
(~~Widowed~~)

Barbara Boies.

6. DATE OF BIRTH (month, day, year) March 25, 1899

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 37 | 7 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

S/S fireman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Boies.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie M. Detzel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT June Boies. (sister)
(Address) 1632 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place ~~buried~~ Date 11-24-36 1919. UNDERTAKER F. B. Shipcut, Son
(Address) ~~See Entrance Place~~

20. FILED

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1936

22. I HEREBY CERTIFY. That I took charge of the remains described above, held autopsy & inquiry and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy & inquiry and deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

fracture of the skull
fall against tree
and from a barrel

Date of onset

Other contributory causes of importance:

Was an operation performed? No.

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? autopsy as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~Yes~~ Date of injury 11-22-36Where did injury occur? 1632 Webster St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ~~on street~~Manner of injury ~~fall~~Nature of injury ~~fracture of skull~~

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

11/24/36 Otto M. Reinhardt M. D.
(Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

v s e

29416

✓ F 29416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. W. Curham St., 6-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 219 N. W. Curham St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Istella Wilson6. DATE OF BIRTH (month, day, year) 18727. AGE 64 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Sumerset co. Md (State or country)13. NAME Wesley Wilson14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Eliza Coleman16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Istella Wilson (Address) 219 N. W. Curham St18. BURIAL, CREMATION, OR REMOVAL Place mt auburn cem. 11-25-3619. UNDERTAKER B. J. Wright (Address) 1211 McElderry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-193622. I HEREBY CERTIFY, That I attended deceased from 11-1-1936 to 11-22-1936I last saw him alive on 11-23-19 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Cardiac Renal Disease

Other contributory causes of importance:

Date of onset

11/1/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Herting Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(so, specify)

(Signed) George S. Allen M. D.(Address) 509 Annapolis St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

NOV 25 1936

Registrar.

29417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Fulton Ave. 16-3 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Meridith Dial

(a) Residence: No. 1138 N. Fulton Ave. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of May Dial (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2nd 1878

7. AGE Years 58 Months 6 Days 20. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

13. NAME John Dial

14. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

15. MAIDEN NAME Lane C. Jacobs

16. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

17. INFORMANT May Dial (Address) 1138 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Nov 35, 1936

19. UNDERTAKER Lee H. Cook (Address) 1703 N. Patterson P. D. Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1936 to Nov. 22, 1936

I last saw him alive on Nov. 22, 1936 Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

apoplexy

Date of report

11/26/36

Other contributory causes of importance: Chronic Hypertension 1932

Name of operation: Sincere Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) J. F. Hawkins M. D.

(Address) 1800 Randall St.

STATE CAUSE OF DEATH IN plain terms as far as possible. See instructions on back of certificate.

v. 8 3

25 1936

1108
F 29418

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29418

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. Ward) 65

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John Michael

(a) Residence: No.

409 N. Broadway

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/11/90

7. AGE Years 46 Months 3 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Mining 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Adam Michael 14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Schaeffer 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Date Nov 25 1936

19. UNDERTAKER Lilly Zeiler Inc. (Address) 403 N. Oliver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov. 24, 1936

I last saw him alive on Nov. 24, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

Nov. 236

?

Other contributory causes of importance:

Pulmonary edema Arteriosclerosis

Nov. 236

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Palmer H. Litcher M. D.

(Address) Johns Hopkins Hospital

CAUSE OF DEATH is very important. See instructions on back of certificate.

25 1936

Huntington, N.Y.

29419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29419

CERTIFICATE OF DEATH

X 139-C

1. PLACE OF DEATH

Mary Hospital

CITY OF BALTIMORE: (No.

7. Calver St.

St. H-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gwendeth Baker

If U.S. Veteran specify WAR

(a) Residence: No.

Chapin, St. Mary's Co; Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2. 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Feb. 3, 1896

7. AGE

Years 40

Months 9

Days 22

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

Nov. 10, 1936

11. Total time (years) spent in this occupation

20 yrs.

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

James R. Baker

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Eliza Nelson

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Friedel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Cemetery Date 11/27/36

19. UNDERTAKER

R. E. Mattingly and

(Address)

Remond & Son

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov. 24, 1936

I last saw him alive on Nov. 24, 1936. Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Myocarditis (acute)

Date of onset

Other contributory causes of importance:

Vaginal hysterectomy

Was an operation performed? yes Date of Nov. 13, 1936

For what disease or injury? Prolapse of uterus

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Raymond J. Lipin

M. D.

(Address)

Mary Hospital, Md.

OCCUPATION is very important. See instructions on back of certificate.

29420

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29420

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)Length of residence in city or town where death occurred... yrs. *2* mos. *23* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

*Baby Boy Russell*If U.S. Veteran
specify WAR(a) Residence: No. *Shawville Md.* St. ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 1. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>September 2, 1936</i> | | |
| 7. AGE | Years <i>2</i> | Months <i>23</i> |
| | | Days <i>23</i> |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | | 11. Total time (years) spent in this occupation |

| | |
|--------|--|
| MOTHER | 12. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md.</i> |
| | 13. NAME <i>Charles Russell</i> |
| | 14. BIRTHPLACE (city or town) (State or country) <i>Md.</i> |
| | 15. MAIDEN NAME <i>Evelyn Fuller</i> |
| FATHER | 16. BIRTHPLACE (city or town) (State or country) <i>Towson, Md.</i> |

| |
|--|
| 17. INFORMANT (Address) <i>J. M. Russell</i> |
|--|

| |
|--|
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Stone Chapel</i> Date <i>Nov. 25, 1936</i> |
|--|

| |
|--|
| 19. UNDERTAKER (Address) <i>Frank H. Russell</i> |
|--|

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) <i>November 24, 1936</i> |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>September 2, 1936</i> to <i>November 24, 1936</i> I last saw him alive on <i>November 24, 1936</i> . Death is said to have occurred on the date stated above, at <i>9 P. m.</i> |

The principal cause of death and related causes of importance were as follows:

*Malnutrition
Dehydration*

Date of onset

Other contributory causes of importance:

*Bilateral Hare Lip, Cleft Palate*Was an operation performed? Date of
For what disease or injury?What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injuryWhere did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public placeManner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
Signed *Gibson J. Wells* M. D.
(Address) *University Hospital*

CAUSE OF DEATH is very important. See instructions on back of certificate.

25 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

29421

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6104 Old Harford Rd)

Length of residence in city or town where death occurred 40 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 6104 Old Harford Rd

If U. S. Veteran specify WAR

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *M* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Nov. 22-1864* 7. AGE Years Months Days If LESS than 1 day, hrs. or min. *72* *3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Howard Co Md*

13. NAME *Daniel Stimpner*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Edna A. Wilder*

(Address) *6104 Old Harford Rd*

18. BURIAL, CREMATION, OR REMOVAL

Interment Date *11/27/36*

19. UNDERTAKER *Leonard W. York*

(Address) *5305 Harford Rd*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/25-1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan* 1934 to *Nov 25* 1936

I last saw her alive on *Nov 24* 1936. Death is said to have occurred on the date stated above, at *5 A. M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

10 yrs

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Wheaton*

(Signed) *4309 York Rd* M. D.

(Address)

25-1936

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 29422

✓ F 29422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____

19. UNDERTAKER (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____, 19____

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) _____

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

25 1936

Registrar

F 29423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Hayward Ave 27-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3314 Hayward Ave S., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Annie McCashey (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1864

7. AGE Years 72 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegrapher 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation Baltimore

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John McCashey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Ann McKinley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Th. W. McCashey (Address) 2948 Clifton Ave.

18. BURYAL, CREMATION, OR REMOVAL Place Delair Hill Cem. Date Nov. 27, 1933

19. UNDERTAKER Wm. Wickner Sons (Address) North & Radcl.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtained by said inquest, autopsy or inquiry, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency?

Other contributory causes of importance:

Diabetes Mellitus?

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ch. D. Fisher M. D. Coroner

(Address)

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29424

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 11 ds.

2. FULL NAME

Baby Girl RabinIf U.S. Veteran
specify WAR(a) Residence: No. University Hospital St. 4-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, year) 11/11/367. AGE Years Months Days If LESS than 1 day, 11 hrs. or min. 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Hampstead
(State or country) Maryland13. NAME Selma Rabin14. BIRTHPLACE (city or town) Hampstead
(State or country) Maryland15. MAIDEN NAME Ruth Davidson16. BIRTHPLACE (city or town) Hampstead
(State or country) Maryland17. INFORMANT Selma Rabin
(Address) Hampstead, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date NOV 25 193619. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

25 1936

2785

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/3622. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Nov 22, 1936I last saw her alive on Nov 22, 1936. Death is saidto have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Dehydration - on specifieddehydration

F 29425

F 29425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

If U.S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced, (write the word)

Male White Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, 11 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 25, 1936 to Nov 25, 1936

I last saw him alive on Nov 24, 1936 Death is said to have occurred on the date stated above, at 12:45 Am.

The principal cause of death and related causes of importance were as follows:
Sepsis, congenital

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Gibson J. Wells M. D.
University Hospital

M. D.

NOV 25 1936

2787

✓ F 29426

29426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Gen. Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Phillipston, Md* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov. 21, 1936*7. AGE Years Months Days *9* If LESS than 1 day. hrs. *3* or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Benedict Huber*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Rose Engelhardt*16. BIRTHPLACE (city or town) (State or country) *Toghts. Md.*17. INFORMANT *M. Sells*(Address) *West Baltimore*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hum. of Md* Date *NOV 25 1936*

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

2786

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 24*, 19*36*22. I HEREBY CERTIFY That I attended deceased from *Nov. 21*, 19*36* to *Nov. 24*, 19*36*I last saw him alive on *November 24*, 19*36* Death is said to have occurred on the date stated above, at *9:30* p.m.

The principal cause of death and related causes of importance were as follows:

*Prematurity
6 months*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George Schochet* M. D.(Address) *West Baltimore*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Stafford St., 20-6 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Eschrich

(a) Residence: No. 3128 Stafford St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John E. Eschrich (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23rd 1881

7. AGE Years 54 Months 9 11 Days 24 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Marie A. Davis

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT John E. Eschrich (Address) 3128 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 28 1936

19. UNDERTAKER Charles W. Dill (Address) 3109 Frederick Ave.

20. FILED Huntington, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Nov 23rd 1936

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips, M. D.

(Address) 1939 Edmondson Ave.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

v s e

25 1936

F 29428 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St., *5-1* Ward)Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *307 N. Eden St.*

(Usual place of abode)

St., *5-1* Ward.

(If non-resident give city or town and State)

Registered No. *174*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 29 1908*7. AGE Years *28* Months *05* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Stephen Aylers*14. BIRTHPLACE (city or town) (State or country) *Buckingham*15. MAIDEN NAME *Lucy ?*16. BIRTHPLACE (city or town) (State or country) *Buckingham*17. INFORMANT *Robert Aylers* (Address) *409 Bond St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wellsyn V.A. Burial* 19 *36*19. UNDERTAKER *Elroy W. Allen* (Address) *1000 Barclay St.*20. FILED *1536*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 20th - 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *quest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *quest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stab Wound abdomen

Other contributory causes of importance:

*Hemorrhage*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Homicide* Date of injury *11/24 1936*Where did injury occur? *200 block N. Bond St. - Balto. Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Stabbed in abdomen with a*Nature of injury *bread knife*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul M. Mearns* Coroner M. D.(Address) *1918 E. North Ave.*

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

F 29429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29429

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University 125-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3617 Hanover St., Ward. _____

(Usual place of abode)

U.S. Veteran
specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarie A. Dornbrusch6. DATE OF BIRTH (month, day, year) Dec. 18th 18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 11 2368. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Mch.10. Date deceased last worked at this occupation (month and year) 7-2-36 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Joseph Dornbrusch14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Muhman16. BIRTHPLACE (city or town) (State or country) Muhman17. INFORMANT Marie A. Dornbrusch
(Address) 224 Washburn Ave18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 27 193619. UNDERTAKER Edith L. Lashley & Son
(Address) 7401 Orleans Rd.

FILED

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/3622. I HEREBY CERTIFY, That I attended deceased from 11/12, 1936, to 11/24, 1936I last saw him alive on 11/12/36, 1936. Death is said to have occurred on the date stated above, at 9:38 Pm.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation - Date of onset 11/24/36post operative,cholelithiasischolecystitis - chr

Other contributory causes of importance:

Aster - sclerosisWas an operation performed? yes Date of 11/23/36For what disease or injury? cholelithiasis -
cholecystitis

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) tell in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Francis S. Dickey M. D.(Address) University Hospital

F 29430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29430

CERTIFICATE OF DEATH

X ✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp. 2-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. *18* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.2. FULL NAME *Charles Francis Robinson*(a) Residence: No. *Benson, W. Va.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Feb-6-1912*7. AGE Years *24* Months *9* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *None*12. BIRTHPLACE (city or town) (State or country) *Charlottesville W. Va.*13. NAME *Frank B. Robinson*14. BIRTHPLACE (city or town) (State or country) *W. Va.*15. MAIDEN NAME *Orllyn B. Boswell*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Records of Union Memorial Hosp.* (Address)18. BURIAL, CREMATION, OR REMOVAL *Charlottesville, W. Va. Int. Nov 25/36* Place Date19. UNDERTAKER *Stewart & Mowen Co.* (Address) *108-W North Avenue*20. FILED *12* 12a. *12* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 7th* 1936 to *Nov 25, 1936*I last saw him alive on *Nov. 25th* 1936 Death is said to have occurred on the date stated above, at *5:34 P.M.*

The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis Peritonitis

Date of onset

1933 11/21/36

Other contributory causes of importance:

Was an operation performed? *yes* Date of *11-16-36*For what disease or injury? *Ulcerative Colitis*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *A. Louis Freeman* M. D.(Address) *Union Mem. Hosp.*

M. D.

F 29431 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29431

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Keswick Road St. 27-14 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella C. Arthur

(a) Residence: No 4805 Keswick Road

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Arthur

6. DATE OF BIRTH (month, day, year) Oct. 16, 1859

7. AGE Years 77 Months 1 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James S. Mopps

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Annie Bell

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Elizabeth D. Arthur (Address) 4805 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date 11/26/36

19. UNDERTAKER (Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1936

22. HEREBY CERTIFY that I attended deceased from Oct. 20, 1936 to Oct. 24, 1936

I last saw him alive on Oct 24, 1936 Death is said to have occurred on the date stated above at 11 a.m.

The principal cause of death and related circumstances were as follows:

Myocardial Infarction Date of onset 5 days

Other contributory causes of importance:

Fracture of rt hip since Oct 24

Was an operation performed? No Date of operation

For what disease or injury? Fracture of hip (Gow)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: as above

Accident, suicide, or homicide? as above Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall in room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. M. D.

(Address) 612 N 40.

OCCUPATION is very important. See instructions on back of certificate.

NOV 26 1936

F 29432

29432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin St. Hosp. 8-7* St. *8-7* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Mrs. Rose Keim(a) Residence: No. *1608 E. Chase* St., *8-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Emil A. Keim*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 26-1872*7. AGE Years *64* Months *5* Days *29* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *00/37* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Petersburg, Penna*
(State or country)13. NAME *Eton Kittinger*14. BIRTHPLACE (city or town) *Penna.*
(State or country)15. MAIDEN NAME *Mary Kromer*16. BIRTHPLACE (city or town) *Towson, Md.*
(State or country)17. INFORMANT *Emil A. Keim*
(Address) *1608 E. Chase St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Carmel Cem.* Date *Nov. 27* 19*36*19. UNDERTAKER *George W. Gubler*
(Address) *1737 E. Egan St.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-24* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11-7-* 19*36* to *11-24* 19*36*I last saw her alive on *11-24* 19*36*. Death is said to have occurred on the date stated above, at *4:30 A* m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Cerebellar Hemorrhage
Generalized arteriosclerosis
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? *none* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *none* Date of injury *19*Where did injury occur? *none*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *A. J. Battaglia* M. D.(Address) *Franklin St. Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29433

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Ridgewood ave 5-13) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tobias J. Goodman

If U.S. Veteran

specify WAR

(a) Residence: No. 2908 Ridgewood ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Goodman

6. DATE OF BIRTH (month, day, year) 1861

7. AGE 75 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benie Dukin (Address) 2908 Ridgewood ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 11-26-36

19. UNDERTAKER Jack Lewis Inc. (Address) 7743 E. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from October - 15 - 1933 to Nov - 25 - 1936

I last saw him alive on Nov 25 - 1936. Death is said to have occurred on the date stated above, at 9⁴⁰ P. M.

The principal cause of death and related causes of importance were as follows:

Hypertension
Arteriosclerosis
Chronic Nephritis

Date of onset

not

known

Other contributory causes of importance:

none

Was an operation performed? yes Date of Dec - 1934

For what disease or injury? leg. due to amputation of vt gangrene

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

F 29434

F 29434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hopt. 6-5* St., *6-5* Ward)Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *12* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *126 Jackson* St., *6-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Abraham*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *68* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Not Known*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Hopt. Records*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Not Known* Date *11-26-36*19. UNDERTAKER *Jack Russell Inc.*
(Address) *1139 E. Baltimore St.*20. FILED *11-26-36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-24-36*; 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* that said deceased came to *her* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

*Cardiac failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Chronic* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Paul Wheeler* Coroner(Address) *1919 E. North Ave*

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

v s s

F 29435

F 29435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Summit St. 16-1 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Taylor

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

1214

Summit St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced

HUSBAND

(or) WIFE of

August Taylor

6. DATE OF BIRTH (month, day, year)

June 17-1902

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.3456

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MD

MOTHER

13. NAME

Charles Taylor

14. BIRTHPLACE (city or town) (State or country)

VA

15. MAIDEN NAME

Myrtle Spurgess

16. BIRTHPLACE (city or town) (State or country)

VA

17. INFORMANT

Myrtle Taylor

(Address)

1214 Summit St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Not Auburn Cem

Date

Nov 26, 1936

19. UNDERTAKER

Thomas E. Nelson

(Address)

1303 Brewster St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 23, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Chronic Lobar pneumonia

Date of onset

Nov 21 1936

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury? noName of operation no

Date of

What test confirmed diagnosis? HistoryWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George S. Allen

Coroner

M. D.

(Address)

509 Annapolis St

SIDE CAUSE OF DEATH IN PAIR CERTIFICATE. See instructions on back of certificate.

V 55

F 29436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *92-a* Ward)Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *5* yrs. *0* mos. *0* ds.

2. FULL NAME

George Dull

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. *1200 - Valley* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Alice Hinton*6. DATE OF BIRTH (month, day, year) *June 8 - 1857*7. AGE *79* Years *5* Months *17* Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cummer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *George Dull*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Eva Portner*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Sister Stanislas, Sup.* (Address) *Little Sisters of the Poor - Valley*18. BURIAL, CREMATION, OR REMOVAL *Catholic* Date *11-28* 19 *36*19. UNDERTAKER *Bernard C. Harlow* (Address) *171 E. West St.*

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 23, 1936*22. I HEREBY CERTIFY That I attended deceased from *Sept 30* 19 *35* to *Nov 25* 19 *36*I last saw h. *in* alive on *Nov 23* 19 *36* Death is said to have occurred on the date stated above, at *3:00* A. M.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Other contributory causes of importance:

Arterio Sclerosis
*Hypertension*Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation *Chop*Date of *11*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. C. Parker*

M. D.

(Address) *1114 Harford*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

1936

Registry

F 29437 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29437

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Edmondson Ave - 4 Ward)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Perry W. Bell

(a) Residence: No. 1815 Edmondson Ave St., Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Alice R. Bell (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1875

7. AGE Years 61 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crosse & Blackwell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Father David Bell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mother Lydia Wholey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. J. E. Rogan (Address) 1076 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov. 29, 1936

19. UNDERTAKER Wm. J. McKuey Sons (Address) 1076 & 1078 Ave.

20. FILED

Recd. trans.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 25, 1936.

I last saw him alive on Nov 24, 1936. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Labor.

Date of onset
Nov 20, 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter E. Grumpley M. D.

(Address) 1012 Poplar Grove St

29438 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29438

CERTIFICATE OF DEATH

✓ 47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Penna Ave St. 15 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Kramer

If U.S. Veteran specify WAR

(a) Residence: No. 2528 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed or divorced HUSBAND of Lillie Pepper Kramer (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Jan. 13, 1875

7. AGE Years 61 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balbs. Parks
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balbs. Md.

13. NAME Wm. H. Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillie P. Kramer
(Address) 2528 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL London Park Date Nov. 26, 1936

19. UNDERTAKER Tom Nickerson Sons
(Address) North & 12 Ave.

20. FILED Nov 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23- to 11-23- 1936

Last saw him alive on 11-23-36 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Larynx
Inoperable.

Date of onset about 10 Mo ago.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Driscoll M. D.

(Address) Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29439

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 2-3 Ward)Registered No. 213-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frank T. Oleszczuk

(a) Residence: No. 809 South Ann Street St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single Married |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Brody M. Amelny
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 23rd 1915

| | | | | |
|-----------|-------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 21 | | 6 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Longshoremen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Joseph Oleszczuk14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Adela Roczkowska16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs. Adela Oleszczuk
(Address) 809 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 27th 193619. UNDERTAKER George A. Weber
(Address) 700 S. Ann St.

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
etc.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: AccidentalAccidental, suicide, or homicide. Date of injury 11/23, 1936Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Pin 3. Baltimore, Md. CenterManner of injury Struck by pole of ropeNature of injury fractured skull etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. V. Wright M. D.(Address) 10105. Edmont Ave.

See instructions on back of certificate.

v s e

F 29440

F 29440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Drive & Linden Ave. 13-1 St. Riviera Apts. Ward)Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Hattie Ottenheimer Davidson(a) Residence: No. Riviera Apts.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of D. Paul Davidson
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 9, 18837. AGE Years 53 Months 6 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.13. NAME Eleazer Ottenheimer14. BIRTHPLACE (city or town) Virginia.
(State or country)15. MAIDEN NAME Amelia Greenbaum16. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.17. INFORMANT Mr. D. Paul Davidson,
(Address) Riviera Apts.18. ~~Funeral~~ CREMATION, OR ~~Interment~~Place Loudon Pk. Crem. Date Nov. 27, 193619. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 193622. I HEREBY CERTIFY, That I attended deceased from August 3, 1936 to Nov. 25, 1936I last saw her alive on 4-25-36 Death is said to have occurred on the date stated above, at 4:25 P. m.

The principal cause of death and related causes of importance were as follows:

Hepatic Carcinoma
AtherosclerosisDate of onset
1936
1936

Other contributory causes of importance:

Intestinal Hemorrhage1936Was an operation performed? yes Date of Aug. 1936For what disease or injury? To confirm prime diagnosisName of operation Exploratory Date of Aug. 1936What test confirmed diagnosis? Microscopic as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Paulson M. D.(Address) Temple Garden Apts.Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly entered. State statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. State Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29441⁸

HEALTH DEPARTMENT—CITY OF BALTIMORE 29441

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., 7-5 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2031 St., W.C. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 49-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of J-H.

6. DATE OF BIRTH (month, day, year) 12/31/79

7. AGE Years 56 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H - Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Francis Weylsin

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME Anna Lanning

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Reveries (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cemetery Date Nov 28 1936
Easton Md

19. UNDERTAKER James A. Spence (Address) Easton Md

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1936 to Nov 26 1936

I last saw her alive on Nov 26 1936 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Krukenberg tumor (carcinoma)
of ovary, bilateral

Date of onset 1

Other contributory causes of importance:

Circulatory failure

6 hrs.

Was an operation performed? yes Date of Oct 28 36

For what disease or injury? abdominal tumor

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify (Signed) Alfred A. Benson M. D.

(Address) Johns Hopkins Hospital

F 29442

F 29442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Ceddox St. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

John H. Denhardt.

(a) Residence: No. 1603 Ceddox St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 7, 1897

7. AGE Years 39 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Henry Denhardt.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Elizabeth Rodenmayer.

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Anna Kuebler. (sister) (Address) 1603 Ceddox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/27/1906

19. UNDERTAKER (Address) B. G. Fanning & Co. 1738 E. Carey St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac depfession
Acute dilatation of the heart.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

11/24/36

(Address)

1017 S. Charles St.

M. D.

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V s e

29443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4622 O'Donnell* St., *76-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *1* mo. *5* ds. How long in U. S. if of foreign birth? *4* yrs. *1* mo. *5* ds.

2. FULL NAME

(a) Residence: No. *4622 O'Donnell* St., *76-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) <i>Wm Zorn</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 31/1875</i> | | |
| 7. AGE <i>61</i> Years <i>5</i> Months <i>24 1/2</i> Days | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0037</i> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)
*Baltimore*13. NAME
*Jacob Kaufman*14. BIRTHPLACE (city or town) (State or country)
*Baltimore*15. MAIDEN NAME
*Barbara Kraft*16. BIRTHPLACE (city or town) (State or country)
*Baltimore*17. INFORMANT
Wm Zorn(Address)
4622 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place
*Oak Lawn*Date
*11/27/36*19. UNDERTAKER
Phil's Moving Sons(Address)
*2016 Orleans St*20. FILED
NOV 27 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)
*Nov 24, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Nov. 19, 1936 to Nov 24, 1936*I last saw her alive on *Nov. 23, 1936*. Death is said to have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Hypertension
Coronary Occlusion*

Delay (onset)

*?**11/18/36*

Other contributory causes of importance:

*Diabetes Mellitus
Obesity**?*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Charles Flom

M. D.

(Address)

3215 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29444

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Willow Ave. St. 59 Ward 10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 3 mos. 15. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LOUISA C. LOHMEYER

If U.S. Veteran

specify WAR

(a) Residence: No. 719 Willow Ave.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William C. Lohmeyer

6. DATE OF BIRTH (month, day, year) Jan. 3, 1874

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 62 | 61 | 9 | 10 | 16 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Ferdinand Buddenbohn

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Annie Spraeen

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT William C. Lohmeyer (Address)

18. BURIAL, CREMATION, OR REMOVAL

Moreland Memorial Park Date Nov. 27, 1936

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1936 . 19

22. HEREBY CERTIFY That I attended deceased from Oct 18, 1936 to Nov 24, 1936

I last saw him alive on Nov 24, 1936 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

?

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

3636 Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

F 29443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29445

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *217 Oakdale Rd.* St. *127-14* Ward)Length of residence in city or town where death occurred *0* yrs. *1* mo. *25* ds. How long in U. S. If of foreign birth: *78* yrs. *4* mos. *26* ds.

2. FULL NAME

Virginia Hall Jackson(a) Residence: No. *217 Oakdale Rd.* St. *127-14* Ward

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR *NONE*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed or divorced HUSBAND of *Edw. Hamilton Jackson* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 30-1858*7. AGE Years *78* Months *4* Days *26* If LESS than 1 day, hrs. or min.8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Marshall* (State or country) *Virginia*13. NAME *Decatur Hall*14. BIRTHPLACE (city or town) *Marshall* (State or country) *Virginia*15. MAIDEN NAME *Louisa Rives*16. BIRTHPLACE (city or town) *Marshall* (State or country) *Virginia*17. INFORMANT *Mrs. Louis J. Beave (Daughter)* (Address) *217 Oakdale Rd.*18. BURIAL, CREMATION, OR REMOVAL Place *Front Royal, Va.* Date *Nov/27-36*19. UNDERTAKER *Stewart M. Menden* (Address) *108 W. 27th Ave.*20. FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-25*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *12:45 PM 11-25*, 19*36*, to *7 PM 11-25*, 19*36*last saw her alive on *11-25*, 19*36*. Death is said to have occurred on the date stated above, at *7 P. m.*

The principal cause of death and related causes of importance were as follows:

*Paralytic Agitation**Pneumonia*

Other contributory causes of importance:

*Arteriosclerosis - Chronic nephritis*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Harry D. McLearty* M. D.(Address) *37 W. Proctor St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

29446

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29446

CERTIFICATE OF DEATH

66c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP/23-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 63 yrs. 0 mos. 6 da.

2. FULL NAME MRS LESTER L. STEVENS (Mabel Donn)

(a) Residence: No. 1609 Gwynns Falls PARKWAY, CITY
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced, HUSBAND (or) WIFE Lester L. Stevens

6. DATE OF BIRTH (month, day, year) Nov-19-1873

7. AGE Years 63 Months 0 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Edw W. Donn

14. BIRTHPLACE (city or town) (State or country) North East Maryland

15. MAIDEN NAME Laura J. Gardner

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Modestine L. Stevens (husband)
(Address) 1609 Gwynns Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov-27-36

19. UNDERTAKER Stewart M. Munn Company
(Address) 1000 N. Ave.

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/16/1936 to 11/25/1936

I last saw h.e.v. alive on 11/25, 1936. Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy cardiac failure & myxedema, anemia

Date of onset

?

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Robert H. Haver M. D.
(Address) Union Memorial Hosp.

F

29447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 10-25* St. *10-25* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis Edward Robinson Colman(a) Residence: No. *1235 Ashland Ave.* St., *10-25* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced, (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Aug. 27, 1936</i> | | |
| 7. AGE | Years <i>0</i> | Months <i>3</i> |
| | Days <i>29</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) *Balto.*
(State or country) *Md.*13. NAME *Walter Colman*14. BIRTHPLACE (city or town)
(State or country) *Pa.*15. MAIDEN NAME *Ethel Robinson Colman*16. BIRTHPLACE (city or town)
(State or country) *N. C.*17. INFORMANT *Ethel Robinson Colman*
(Address) *1235 Ashland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Calvary* Date *Nov 27 1936*19. UNDERTAKER
(Address) *Edward Bryon*
1236 Orleans St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 23, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* and that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Patient Foreman - Death 7
Heart

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*(Address) *1919 E. North Ave.* Coroner

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s s

27 1936

F 29448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29448

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *UNIVERSITY* *Wasp*. *20-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2636* *Helmsley*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *August 3, 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *0 30 92*

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Winfield H. Beatty*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Northy N. France*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Winfield H. Beatty*(Address) *2636 Helmsley St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Alford* Date *11/27, 1936*19. UNDERTAKER *Robert Brooks & Son*(Address) *Calver & Helmsley St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 3, 1936* to *Nov 25, 1936*I last saw *her* alive on *Nov 24, 1936* Death is said to have occurred on the date stated above, at *1:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Shin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles P. Goodland M. D.

(Address)

University Hospital, City

Information should be carefully supplied. State found on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 29449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29449

CERTIFICATE OF DEATH

18825

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-1 Ward)Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Dock Carter

If U.S. Veteran

specify WAR

(a) Residence: No. 235 N. Anity St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single?5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-22-18847. AGE Years 52 Months 3 Days 1 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) Florida
(State or country)13. NAME Frank Carter14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Sarah?16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Luke's Hospital 11/27/3619. UNDERTAKER John A. Jackson
(Address) 916 E. Penna St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23-193622. I HEREBY CERTIFY That I attended deceased from Nov 19, 1936 to November 23, 1936I last saw him alive on November 23, 1936 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ?

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? ?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?Manner of injury ?Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Alan H. Feldman
Balto. City Hospitals

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

F 29450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29450

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *6211 Eunice Ave 27-5*)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Alexander Slaysman Jr*(a) Residence: No. *6211 Eunice Ave* St. *Hamilton*

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, ~~Widowed~~, ~~Divorced~~ (write the word) *Married*5a. If married, ~~widowed~~, ~~divorced~~ *HUSBAND of* *Maggie V. Slaysman*6. DATE OF BIRTH (month, day, year) *Mar 17th 1864*7. AGE Years *72* Months *8* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self* 10. Date deceased last worked in this occupation (month and year) *11/23/36* 11. Total time (years) spent in this occupation *55*12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Alexander Slaysman*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Sarah West*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *R. V. Watson*(Address) *2720 Northern Pkwy*

18. BURIAL, CREMATION, OR REMOVAL

Place *Goodman* Date *11/27/36*19. UNDERTAKER *William Hooks*(Address) *1217 St Paul St*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 24th 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 22*, 1936 to *Nov 24*, 1936.I last saw him alive on *Nov 24*, 1936 Death is said to have occurred on the date stated above, at *8:30* m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion & Pulmonary Embolism

Date of onset

Other contributory causes of importance:

*Aortic & Myocarditis*Was an operation performed? ☒ Date of _____For what disease or injury? ☒Name of operation ☒ Date of _____What test confirmed diagnosis? ☒ Was there an autopsy? ☒

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ☒ Date of injury _____, 19____Where did injury occur? ☒Specify whether injury occurred in industry, in home, or in public place ☒Manner of injury ☒Nature of injury ☒24. Was disease or injury in any way related to occupation of deceased? ☒

If so, specify

(Signed) *Claude J. Smith* M. D.(Address) *4706 Glasgow Road**11/25/36**11/25/36**11/25/36**11/25/36**11/25/36**11/25/36*

F 29451

F 29451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *510 Woodside Rd* *28-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *65* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rudolph Sommerwerck

If U. S. Veteran

specify WAR *No Record*

(a) Residence: No.

510 Woodside Rd

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Mary Simlaing Sommerwerck*6. DATE OF BIRTH (month, day, year) *Mar 6th 1854*7. AGE Years *82* Months *8* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wholesale Grocer*10. Date deceased last worked at this occupation (month, day, year) *1906* 11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) *Minden Germany* (State or country)13. NAME *George Sommerwerck*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs Herbert King* (Address) *510 Woodside Rd*18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine* Date *Nov 28th 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *1936* *117*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 26th 1936*22. I HEREBY CERTIFY, That I attended deceased from *Mar 27* 1936, to *Nov 26* 1936I last saw him alive on *Nov 26* 1936. Death is said to have occurred on the date stated above, at *12:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Essential Hypertension
Arteriosclerosis & Hypertension Heart Disease
*Coronary Thrombosis*Date of onset *1934*
1936

Other contributory causes of importance:

as an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Albert J. Shorlock* M. D.(Address) *2302 Edmonson Ave*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

F

3/6
29452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29452

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Annie Kenge

If U. S. Veteran
specify WAR

(a) Residence: No. 2239 Penn Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

Married

6. DATE OF BIRTH (month, day, year)

- December

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

34

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Israel Ruben

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Satch

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Nemas

18. BURIAL, CREMATION, OR REMOVAL

Place

Rosedale

Date

11/27/36

19. UNDERTAKER

(Address)

Jack Lewis Inc.
14319 E. Baltimore St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-22, 1934 to Nov-24, 1934

I last saw her alive on Nov-24, 1934 Death is said to have occurred on the date stated above, at 5-15-36

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis
Myocardial failure

Date of onset

?

± 2 mos

Other contributory causes of importance:

Rheumatic heart disease, inactive

occurred

17 yrs ago

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Blood culture

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James H. Howard
Johns Hopkins Hospital

D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29453

F 29453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Cedardale Rd St. 15-11 Ward)Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3503 Cedardale Rd St. 15-11 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND or (or) WIFE <u>Orval C. H. Prager</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>July 25, 1879</u> | | |
| 7. AGE Years <u>57</u> Months <u>4</u> Days <u>0</u> If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

| | |
|--|--|
| 12. BIRTHPLACE (city or town) (State or country) <u>W. Va.</u> | |
| 13. NAME <u>John Harrington</u> | |
| 14. BIRTHPLACE (city or town) (State or country) <u>W. Va.</u> | |
| 15. MAIDEN NAME <u>Sophia Simpson</u> | |
| 16. BIRTHPLACE (city or town) (State or country) <u>W. Va.</u> | |

17. INFORMANT Mr. Orval C. H. Prager
(Address) 3503 Cedardale Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Morgantown, W. Va. Date Nov 27, 193619. UNDERTAKER Tom Hickey Sons
(Address) North & Pa Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 193622. I HEREBY CERTIFY, That I attended deceased from 11/14/36, 1936, to 11/25/36, 1936.I last saw him alive on 11/25/36. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

11/18/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

W. A. Bayley13045 W. North A

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED

19

F 29454

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29454

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton* St. *ages 5-1* Ward)

Length of residence in city or town where death occurred... yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. *1* mos. *1* ds.

2. FULL NAME *Margaret A. Schultz*

(a) Residence: No. *Woodlawn* St. *Wd. 50 to 52nd* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *710*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Raul J. Schultz</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Jan 2nd, 1874</i> | | |
| 7. AGE <i>62</i> Years <i>10</i> Months <i>24</i> Days | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

| |
|--|
| 12. BIRTHPLACE (city or town) (State or country) <i>Balto, Maryland</i> |
| 13. NAME <i>Casper Gerlach</i> |
| 14. BIRTHPLACE (city or town) (State or country) <i>Balto, Md</i> |
| 15. MAIDEN NAME <i>Unknown</i> |
| 16. BIRTHPLACE (city or town) (State or country) <i>Balto, Md.</i> |
| 17. INFORMANT <i>Mr Frank J. Schultz</i> (Address) <i>Woodlawn Heights Apt. 200</i> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Louisa Park</i> Date <i>11/28/1936</i> |
| 19. UNDERTAKER <i>John J. Cowan & Son</i> (Address) <i>901 Hollins St</i> |
| 20. FILED |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 26*, 1936

22. I HEREBY CERTIFY, That I attended deceased from *Oct 28*, 1936, to *Nov. 26*, 1936.

I last saw her alive on *Nov. 25*, 1936. Death is said to have occurred on the date stated above, at *6:35 A.M.*

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia
Subacute Combined Degeneration

Date of onset
1920

Other contributory causes of importance:

Aritaminosis
Inanition

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *blood & gastric analysis*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Louis S. Cleveland* M. D.

(Address)

St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29455

F 29455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W. Hughes St., 22-1 Ward)Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Jane Brown(a) Residence: No. 122 W. Hughes St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race we 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Robt. W. Brown (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 23 18747. AGE Years 62 Months 10 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cumbersome
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Essex Co (State or country) Virginia13. NAME Warner Woodfork14. BIRTHPLACE (city or town) Essex Co (State or country) Va.15. MAIDEN NAME Lung Robinson16. BIRTHPLACE (city or town) Virginia (State or country)17. INFORMANT Bertie Saunders (Address) 114 W. Hughes St18. BURIAL, CREMATION, OR REMOVAL Place Mc Calvary St Date 11/28/36 1919. UNDERTAKER Isaiah L. Brown & Son (Address) 108 W. North Avenue St20. FILED 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 193622. I HEREBY CERTIFY, That I attended deceased from Sept 23 1936 to Nov 25 1936I last saw her alive on Nov 25 1936. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Other contributory causes of importance:

Uremia

Date of onset

92 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Harrison M. D.(Address) 109 W. Hill St

F 29456

✓ F 29456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Liberty Heights Ave. 15-11 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Mitchell

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 3523 Liberty Heights Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|---|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Nov. 30. 1872 | | |
| 7. AGE 63 | Years 11 | Months 25 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired clerk | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P. TEL. CO. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME William Mitchell

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME Elizabeth Hay

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Mrs. Roxana L. Duvall
(Address) 3523 Liberty Heights Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 27. 193619. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25. 1936

22. I HEREBY CERTIFY That I attended deceased from
SEPT. 1, 1936 to NOV. 25, 1936I last saw him alive on NOV. 24, 1936 Death is said
to have occurred on the date stated above, at 10.30 A.M.The principal cause of death and related causes of
importance were as follows:CHRONIC PARENCHYMATOUS NEPHRITIS
URÆMIA COMA

Date of onset

Not Known
Nov. 18

Other contributory causes of importance:

MYOCARDIAL DEGENERATION

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. H. Hoffman

M. D.

(Address)

8 E. Read St.

NOV 27 1936

3929 Clover Hill Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

29457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Washington St. 8-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1737 N. Washington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Anna McBarnick Cosgrove (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5, 1894
7. AGE 42 Years 3 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holabird & Co. Report
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

13. NAME Patrick Cosgrove
14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Catherine Coolahan
16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. M. F. Cosgrove (Address) 1737 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral City 11/30, 1936

19. UNDERTAKER Margaret E. Flynn (Address) 12101 N. E. St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1936 to 11/22, 1936

I last saw him alive on 11/26, 1936 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset 11/25/36

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Pittman M. D.

(Address) 1308 E. Chase

F 29458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29458

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 N. Stricker St. 16-2 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Louis Robinson

Registered No. 3698

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1124 N. Stricker St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Robinson

6. DATE OF BIRTH (month, day, year) April 1, 1874

7. AGE Years 62 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line

10. Date deceased last worked at this occupation (month and year) 4-11-36 11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) Danville Va. (State or country)

13. NAME Andrew Robinson

14. BIRTHPLACE (city or town) Danville Va. (State or country)

15. MAIDEN NAME Alice Howard

16. BIRTHPLACE (city or town) Danville Va. (State or country)

17. INFORMANT Annie Robinson (Address) 1124 Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date May 27, 1936

19. UNDERTAKER Archibald G. Lyndes (Address) 2101 McArthur St.

20. FILED Thompson, J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14-1936 to 11-26-1936

I last saw him alive on 11-25-1936 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset 7-1-34

Other contributory causes of importance:

Unknown

Was an operation performed? Yes Date of 6-22-36

For what disease or injury? Gastric Carcinoma

Name of operation unknown Date of 6-22-36

What test confirmed diagnosis? Physical and Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank J. Saunders M. D.

(Address) 1029 N. Stricker St.

Information showing cause of death in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

v 9 3

27 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

29459

CERTIFICATE OF DEATH

108 F 29459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 22-1* St. *22-1* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *610 W. Conway St.* St. *22-1* Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 30-1936*

7. AGE Years *4* Months *24* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *Walter M. Jones*

14. BIRTHPLACE (city or town) (State or country) *Washington D.C.*

15. MAIDEN NAME *Lucy Johnson*

16. BIRTHPLACE (city or town) (State or country) *N. Carolina*

17. INFORMANT *Father* (Address) *610 W. Conway St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion* Date *Nov 28* 1936

19. UNDERTAKER *Joseph A. Smith* (Address) *489 N. Mount Street*

20. WITD *Dr. E. Bush* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27* 1936

22. I HEREBY CERTIFY, That I attended deceased from *Nov 14* 1936 to *Nov 27* 1936

I last saw h.e. alive on *Nov 14* 1936. Death is said to have occurred on the date stated above, at *5:30 Am.*

The principal cause of death and related causes of importance were as follows:

Colored Pneumonia

Date of onset

11/12/36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *none* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. Bush* M. D.

(Address) *Univ. Hospital*

Information should be carefully supplied. AGE should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Eastern Ave. St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Roth

If U. S. Veteran

specify WAR

(a) Residence: No. 3011 Eastern Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Son Of Late Martin Dorthoy

6. DATE OF BIRTH (month, day, year) Nov 20-1859

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 77 | 6 | 4 | 5 | |

| | | |
|------------|---|------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | LabOrer At 40 |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | American Ice Co. |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Martin Roth

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Dorthoy Hrsheft

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Jacob Mueller (sister)
(Address) 3210 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov. 28/36

19. UNDERTAKER Lilly & Zeiler, INC.
(Address) 403 S. Wolfe St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25/36, 19

22. I HEREBY CERTIFY That I attended deceased from Nov. 23 36 to Nov. 25 36

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

F 29461

29461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Johns Loop - 9-9* St., *9-9* Ward)Length of residence in city or town where death occurred *9* yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? *9* yrs. *9* mos. *9* ds.

2. FULL NAME

(a) Residence: No. *Middle River Md* St., *9-9* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, divorced HUSBAND of *George Struck* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 23 - 1888*7. AGE Years *48* Months *0* Days *3* If LESS than 1 day, *3* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Homewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0037*12. BIRTHPLACE (city or town) *Balt Md* (State or country)13. NAME *Thomas Foley*14. BIRTHPLACE (city or town) *Balto Md* (State or country)15. MAIDEN NAME *Hulda Stohm*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *George J. Struck* (Address) *East 2 Harrison Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Cab Lane* Date *Nov 30 1936*19. UNDERTAKER *Lily & Ziehl* (Address) *100 N. Main St*20. FILED *27 1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov - 26 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov - 23 - 1936* to *Nov - 26 1936*I last saw him live on *Nov 26 1936* Death is said to have occurred on the date stated above, at *12:30 PM*.

The principal cause of death and related causes of importance were as follows:

Central thrombosis Date of onset *11-25-36*
Aplasia in anemia *8-8-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *Blood* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. Austram* M. D.(Address) *St. Johns Loop*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Beth City Hospital 3-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank Kerr

If U. S. Veteran

specify WAR

(a) Residence: No. *1415 Eastern*

St., Ward,

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 1. SEX <i>male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Unknown</i> |
|-----------------------|----------------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*

| | | | | |
|-------------------------|-------|--------|------|--|
| 7. AGE <i>abt 50</i> | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|-------------------------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

NOV 27 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 21*, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronch pneumonia

Other contributory causes of importance:

Probably asphyxia + alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Wright*(Address) *6010 S. Elmwood Ave*

Coroner

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29463

F 29463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Locust St. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anturo Dilelio.

If U. S. Veteran

specify WAR

(a) Residence: No. 1623 Locust St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Do not know.

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 60 | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stone mason.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy.

13. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Police Report. S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

NOV 27 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of the skull.
Accidental fall down steps.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury 11/15/36

Where did injury occur? 1623 Locust St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall down stairs.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

11/25/36

(Address)

1017 S. Charles St.

Clerk

M. D.

N. B.—WRITE PLEASELY, WITH CARE AND ACCURACY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

291
v s 6

1936

2750

F 29464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1018 E. Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1398. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL NOV 27 1936Place Unknown Date

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Senile Heart Disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ervin B. Williams M. D.(Address) 1031 St Paul St

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s e

NOV 27 1936

2789

F 29465

F 29465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (N South Baltimore General Hospital) 21-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Nutter, (c)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 1103 Briscoe St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. n Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Police Report. S.D. (Address)

18. BURIAL, CREMATION, OR REMOVAL NOV 27 1936 Place

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

20. FILED 2788 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage. hemiplegia.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry there an autopsy? N.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

11/25/36 1017 S. Charles St. M. D. (Address)

F 29466

F 29466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Falls Road St. 13-8 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Thomas B. Chilcote(a) Residence: No. 4004 Falls Road St., 13-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie D. Chilcote6. DATE OF BIRTH (month, day, year) June 12 - 18777. AGE Years 59 Months 5 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME John B. Chilcote14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Mary A. Cole16. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland17. INFORMANT Fannie D. Chilcote (Address) 4004 Falls Rd18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hospital Date Nov 28, 193619. UNDERTAKER B. S. Marshall (Address) 3037 Falls Road20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1936

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pernicious Anaemia ?

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) E. J. Didenkov M. D. Coroner(Address) Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29468 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Belair Rd St. 3 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3016 Canyon St., 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oswald Fleischer

6. DATE OF BIRTH (month, day, year) Oct 25-1867

7. AGE Years 69 Months 1 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. Chaney
(Address) 3703 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Moreland Park Nov 28 36

19. UNDERTAKER Geo. H. Jones
(Address) 3016 Canyon

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1936

I HEREBY CERTIFY, That I attended deceased from November 24, 1936 to November 25, 1936
I last saw her alive on November 25, 1936 Death is said to have occurred on the date stated above, at 3:52 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Myocardial Infarction

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Chronic Glomerulonephritis

Name of operation None Date of 0

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify George S. Bayley M. D.

(Signed) George S. Bayley (Address) Belair Rd & Chesapeake Ave

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29469

F 29469 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Lennox St.

St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Seibold,

If U. S. Veteran

specify WAR

(a) Residence: No. 705 Lennox St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Frank B. Seibold, (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8, 1857

7. AGE Years 79 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John F. Sommerlock,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna Wilkins,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frank B. Seibold, (Address) 705 Lennox St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date NOV 28 1936

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1936, to Nov 26, 1936.

I last saw h. en alive on Nov 26, 1936. Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

cardio-vascular disease, vascular disease, myocardial degeneration

Date of onset 1936

Other contributory causes of importance:

congestive heart failure, terminal broncho-pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. D.

(Address) 2211 Cedar Place

Information should be carefully supplied. All should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

F 29470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29470

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. Barney St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Edward C. LamontIf U. S. Veteran
specify WAR.(a) Residence: No. 112 E. Barney St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofc. DATE OF BIRTH (month, day, year) Feb 13/347. AGE Years 2 Months 9 Days 14 LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Robert S. Lamont14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Lamont Driver16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Robert S. Lamont
(Address) 112 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11/25 193619. UNDERTAKER Edward Louise
(Address) 2359 Wash. Blvd.20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.27, 193622. I HEREBY CERTIFY, That I attended, deceased from 11.25.36, 19...., to 11.27.36, 19....I last saw him alive on 11.27.36, 19.... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Labor PneumoniaDate of onset
11.27.36

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Philip B. Towler

M. D.

(Address) 1432 William

57

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29471

F 29471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore General* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13 yrs. 10 mos. 11 ds.* How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Leonard B. W. Jellin*

If U. S. Veteran

specify WAR

(a) Residence: No. *1804 E. 4th St.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *January 15 1923*7. AGE Years *13* Months *10* Days *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md.*13. NAME *Charles M. Wicklin*14. BIRTHPLACE (city or town) (State or country) *Balto Md.*15. MAIDEN NAME *Maria U. Hagle*16. BIRTHPLACE (city or town) (State or country) *Balto Md.*17. INFORMANT *Mrs. Wicklin* (Address) *1804 E. 4th St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Hill* Date *Nov 28 1936*19. UNDERTAKER *J. T. M. Gully* (Address) *130 E. 4th St.*20. FILED *1836*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-26-36* 1922. I HEREBY CERTIFY, That I attended deceased from *11-9-36*, 19, to *11-26-36*, 19I last saw him alive on *11-26-36*, 19. Death is saidto have occurred on the date stated above, at *2:55 a.m.*

The principal cause of death and related causes of importance were as follows:

*Generalized Peritonitis
Intestinal obstruction
Bronchopneumonia*

Date of onset

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation *Appendectomy* Date of *11-7-36*What test confirmed diagnosis? Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) *Louis J. Kroll*

M. D.

(Address) *1804 E. 4th St.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29472

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *507 Charing Cross Road*)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Lucy A. WITLER.*(a) Residence: No. *507 Charing Cross Road.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct. 12, 1868*7. AGE Years *about 68* Months *1* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Charles A. Witler*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Mary Rice*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Miss Minnie Witler*
(Address) *507 Charing Cross Road*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *11/25*, 19*36*19. UNDERTAKER *J. J. Foley & Sons*
(Address) *1311 Light St.*20. FILED *NOV 27 1936* 19*36* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 4, 1936* to *November 25, 1936*I last saw her alive on *November 25, 1936* Death is said to have occurred on the date stated above, at *4:45 P.M.*

The principal cause of death and related causes of importance were as follows:

*Mitral Stenosis, myocarditis
Cardiac Hypertension
Cardiac Decompensation
Edema of lower extremities
Chronic nephritis*

Date of onset

Other contributory causes of importance:

*Acute Cardiac Dilatation 10/25/36*Name of operation *none* Date of *Physical & Laboratory Exam*
What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.(Signed) *J. Edward Norris*, M. D.(Address) *107 East west st.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

29473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29473

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 4 Castle St. 6-11 Ward)Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 49 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 113 4 Castle St., 6-11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>May Plach</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Sept 19, 1867</u> | | |
| 7. AGE | Years <u>74</u> | Months <u>2</u> |
| | Days <u>6</u> | If LESS than 1 day? hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0040</u> | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)
Czechoslovakia13. NAME
Thomas Plach14. BIRTHPLACE (city or town) (State or country)
Czechoslovakia15. MAIDEN NAME
Not known16. BIRTHPLACE (city or town) (State or country)
Czechoslovakia17. INFORMANT Anna Vain
(Address) 113 4 Castle St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 28, 193619. UNDERTAKER Franklin Gruch Nelson
(Address) 1806 Ashland Ave

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 24 - 26 to Nov 25 - 26I last saw him alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Paralysis
Acute myocardial infarction
Pneumonia

Date of onset
Nov 25
1936

Was an operation performed? No Date of Nov 25For what disease or injury? NoWhat test confirmed diagnosis? Indur Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 25, 1936Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Russell M. D.(Address) 800 N. Walters Park

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29474

CERTIFICATE OF DEATH

✓ 95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *McJen Hop* St. *11-3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Joseph Benda*(a) Residence: No. *828 N-Homard St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Benda*6. DATE OF BIRTH (month, day, year) *July 13, 1873*7. AGE Years *63* Months *4* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Winnifred Benda*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Mary Benda*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Marine Benda* (Address) *3007 Walnut St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Nov. 30, 1936*19. UNDERTAKER *Frank Beach* (Address) *1906 N-Homard St.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 26, 1936*22. I HEREBY CERTIFY, That I attended deceased from *11-16-36* 19 to *11-26-36* 19.I last saw him alive on *11-26-36* 19. Death is said to have occurred on the date stated above, at *9a.* m.

The principal cause of death and related causes of importance were as follows:

Inter-Scholar
Cardio Vascular disease

Date of onset

Other contributory causes of importance:

*Arteriosclerosis*Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Stephens* M. D.(Address) *McJen Hop*

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

27 1936

H

F 29475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 1/2 37th St., 13th Ward)

Length of residence in city or town where death occurred: 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Moses Hudson

(a) Residence: No. 1228 1/2 37th

(Usual place of abode)

St., 13 Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rosa C. Hudson

6. DATE OF BIRTH (month, day, year) March 30-1888

7. AGE Years 48 Months 7 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia

13. NAME Thaddeus H. Hudson

14. BIRTHPLACE (city or town) Virginia

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) Virginia

17. INFORMANT Mrs. Rosa C. Hudson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 28, 1936

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased (from Aug. 1936 to Nov. 26, 1936)

I last saw him alive on Nov. 21-1936 Death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

Ductal Carcinoma Date of onset 1936

Other contributory causes of importance:

same

Was an operation performed? Yes. Date of Sept. 1936.

For what disease or injury? Stomach trouble

Name of operation pt. removal Date of

What test confirmed diagnosis? Stomach Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. A. Lillie M. D.

(Address) 3611 Falls Rd. Bm. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1936

F 29478

F 29476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 N. Patterson Pl. Apt. 3 St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hartman(a) Residence: No. 828 N. Patterson Pl. Apt. 3 St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Elizabeth G. Hartman (or) WIFE of Henry Hartman6. DATE OF BIRTH (month, day, year) Sept. 1st 18857. AGE Years 57 Months 2 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General helper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.10. Date deceased last worked at this occupation (month and year) July 1936 11. Total time (years) spent in this occupation 16 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME August Hartman14. BIRTHPLACE (city or town) German (State or country)15. MAIDEN NAME Elizabeth not known16. BIRTHPLACE (city or town) German (State or country)17. INFORMANT Mrs. Elizabeth Hartman (Address) 828 N. Patterson Pl. Apt. 318. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 11/28 19 3619. UNDERTAKER Emery H. Conklin (Address) 224 E. Gay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 19 3622. I HEREBY CERTIFY That I attended deceased from Nov 1 to Nov 25I last saw him alive on 11-24-36, 19 36 Death is said to have occurred on the date stated above, at 11-24-36 ni.

The principal cause of death and related causes of importance were as follows:

Coronary Disease Date of onset Nov 1-26

Other contributory causes of importance:

acute Cardiac Dilatation (d)Was an operation performed? No Date of Nov 25For what disease or injury? CoronaryName of operation Funerary Date of Nov 25What test confirmed Funerary Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 25, 19 36Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) J. Red Bull M. D.Address 1127-1800 N. Patterson Pl.

PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

OV 27 1936

F 29477

F 29477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Foot of Decatur St. St. 3-2 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Godwin.

If U. S. Veteran

specify WAR.

(a) Residence: No. 10 S. Albemarle St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, XXXXX HUSBAND of Anna Godwin.
XXXXX

6. DATE OF BIRTH (month, day, year) October 12, 1873

7. AGE Years Months Days If LESS than
63 1 1 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME John Godwin.

14. BIRTHPLACE (city or town) Maryland.
(State or country)

15. MAIDEN NAME Rachael Downs.

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Anna Godwin, (wife)
(Address) 10 S. Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Cemetery Date Nov. 28, 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 224 E. Bayview St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE Missing November 13, 1936
Found November 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drowning,
probably accidental.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident of injury 11/13/36

Where did injury occur? Do not know
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 11/27/36 1017 S. Charles St.
(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 89

F 29478 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5409 Gerland Ave. St. 76-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fannie C. Knipp

(a) Residence: No. 5409 Gerland Ave. St. 76-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married (write the word)

5a. If married, widowed, or divorced HUSBAND of Thomas S. Knipp (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1885

7. AGE 53 Years 7 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Joseph E. Crouse

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Cassandra Roberts

16. BIRTHPLACE (city or town) Tenn. (State or country)

17. INFORMANT Mr. Thomas C. Knipp, (Address) 5409 Gerland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov. 28, 1936

19. UNDERTAKER Harry A. Witzke (Address) 4101 Henderson Ave.

20. FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-27-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-1936 to Nov-27-1936

I last saw him alive on Nov 26-1936 Death is said to have occurred on the date stated above, at 2-20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Jan-1936

Other contributory causes of importance:

Edema of Lungs

Nov 26-36

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

E. G. Hall

M. D.

(Address) 1631 E North Ave

F 29479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29479

CERTIFICATE OF DEATH

18436

107-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Augusta Rigby

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran

Specify WAR

(a) Residence: No.

Linden Ave. & Eutan Plsce

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widowed |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| ? | | |
| 6. DATE OF BIRTH (month, day, year) 4-3-1848? | | |
| 7. AGE | Years | Months |
| | 88? | 7 |
| | | 23 |
| | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| none | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Phillip Myer

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore

Date 11/30

1933

19. UNDERTAKER

(Address)

12110 1st Ave

20. FILED

20-1530

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 4, 1936, to Nov. 26, 1936

I last saw her alive on Nov. 26, 1936. Death is said to have occurred on the date stated above, at 7:57 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Arteriosclerosis, general and cerebral

Date of onset

1 day ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

A. Q. de Santalle

M. D.

(Address)

Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 13-7* St., *13-7* Ward)Length of residence in city or town where death occurred *0* yrs. *7* mos. *16* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Douglas Hennelly*(a) Residence: No. *Flame Catherine Lane* St., *13-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *April 10 1936*7. AGE Years *0* Months *7* Days *16* If LESS than 1 day, *—* hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*10. Date deceased last worked at this occupation (month and year) *X*11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *John J. Hennelly*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Eleanor Hennelly*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Ellie M. Pfeiffer* (Address) *4106 Academy St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Oliver* Date *Nov 28th 1936*19. UNDERTAKER *Wm Cook*(Address) *1217 St Paul St*20. FILED *25 1936*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH *0*21. DATE OF DEATH (month, day, year) *Nov. 26*, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Enteritis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury? *—*

Name of operation

Date of

What test confirmed diagnosis? *Cholera* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Pfeiffer*(Address) *1919 E. North Ave.*

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A CAUTIONARY STATEMENT OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. See instructions on back of certificate.

M. D. B. 1263-2
F 29481

F 29481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City No. 20-8* St. *20-8* Ward)Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3628 Old Federal Rd* St., *20-8* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 1. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>John</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>May 23 1853</i> | | |
| 7. AGE <i>83</i> | Years <i>6</i> | Months <i>4</i> |
| Days <i>4</i> | | |
| If LESS than 1 day, hrs. or min. | | |

| | |
|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i> |
| | 10. Date deceased last worked at this occupation (month and year) <i>X</i> |
| 11. Total time (years) spent in this occupation <i>X</i> | |

12. BIRTHPLACE (city or town) (State or country)
*Pennsylvania*FATHER
13. NAME *Jacob Ryan*
14. BIRTHPLACE (city or town) (State or country)
*Penna*MOTHER
15. MAIDEN NAME *Sarah Hufford*
16. BIRTHPLACE (city or town) (State or country)
*Penna.*17. INFORMANT *Mrs. De Grate*
(Address) *24103 Edmonson*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt Olivet* Date *Nov 30 1936*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*20. FILED *1936* *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27, 1936*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiovascular sclerosis

Other contributory causes of importance:

Fracture left femur

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of Injury *Nov 18 1936*Where did injury occur *Wounded at work* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Md*Manner of injury *Fall out of bed*Nature of injury *fract left fem*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm Cook* M. D.(Address) *1012 S. E. 1st St* Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

29482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Woodland Ave 7-16 Ward)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Eleanor Phaffenbach

(a) Residence: No. 2815 Woodland Ave St., Ward.

Registered No. No Record
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced Widowed (or) WIFE of Bernard E. Phaffenbach

6. DATE OF BIRTH (month, day, year) Nov 26 1890

7. AGE Years 46 Months 0 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Caldwell Ohio

13. NAME John McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Alma Stevens

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Bernard E. Phaffenbach
(Address) 2815 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Crematorium Date 11/28 1936

19. UNDERTAKER John E. ...
(Address) 1214 ...

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 to Nov 25 1936
I last saw her alive on Nov 25 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Coronary Artery Disease
Secondary Anemia

Other contributory causes of importance: over

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

M. D.

F 29483

HEALTH DEPARTMENT—CITY OF BALTIMORE

17277

✓ F 29483

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals..... St. 8-5 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Elizabeth McDowell

If U.S. Veteran

specify WAR

(a) Residence: No. 1820 N. Register St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|----------------------------|---|
| 3. SEX female | 4. Color or Race white. | 5. Single, Married, Widowed, or Divorced (write the word) widow |
|------------------|----------------------------|---|

| | |
|--|----------------------|
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | Francis Roy McDowell |
|--|----------------------|

6. DATE OF BIRTH (month, day, year) 4/18/1890

| | | | | |
|--------|-------|--------|------|-----------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. |
| 46 | 7 | 8 | | or 12:30 |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home
BOOKKEEPER9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Balto. Md.

13. NAME August Kiel

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Katherine Boettinger

16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 11/30/36

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED

REGISTER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1936

22. I HEREBY CERTIFY. That I attended deceased from
Sept. 19, 1936, to Nov. 26, 1936I last saw her alive on Nov. 26, 1936. Death is said
to have occurred on the date stated above, at 8:30 A.M.The principal cause of death and related causes of
importance were as follows:Rheumatic heart disease
Hypertensive heart disease
Myocardial failure
Bronchopneumonia

Date of onset

July 1936

July 1936

2 days ago

2 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

H. A. De Santelle

M. D.

(Address)

Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 28 1936

29484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607-Harford Ave. St. 9-9 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine W. Nant

(a) Residence: No. 1607-Harford Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, year) Abt. 1851

7. AGE Years Months Days If LESS than Abt. 85- ***** or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Nant

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Eisenhower (Address) 1607-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 11/30/36

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 26, 1936.

I last saw him alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion

Date of report 11/26/36

Other contributory causes of importance:

Cerebral hemorrhage

Date of report 11/27/36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident?, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Sanderson M. D.

(Address) 1714 Caroline St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29485

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29485

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Mandlin Ave St 25-2)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 22 yrs. mos. ds.

2. FULL NAME Dora Kraitschmann

(a) Residence: No. 1910 Mandlin Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Kraitschmann

6. DATE OF BIRTH (month, day, year) July 23, 1884

7. AGE 52 Years 4 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 27

12. BIRTHPLACE (city or town) Latvia (State or country)

13. NAME Carl Neuland

14. BIRTHPLACE (city or town) Latvia (State or country)

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) Latvia (State or country)

17. INFORMANT M. Edgar Kraitschmann (Address) 1910 Mandlin Ave

18. BURIAL, CREMATION, OR REMOVAL Place Immanuel Date 11/28/1936

19. UNDERTAKER J. Heumann & Son (Address) 31 S. Broadway

20. FILED 19 NOV 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/1936

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to November 1936 I last saw her alive on 11/25, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Aug 1936

Other contributory causes of importance:

Arteriosclerosis Hypertension

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Isaac Miller M. D. 1225 S Charles ST

29486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29486

CERTIFICATE OF DEATH 186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Cathedral St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 7 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Hall Whitridge

(a) Residence: No. Stevenson St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Graham

6. DATE OF BIRTH (month, day, year) July 13 1849

7. AGE 87 Years 4 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Horatio Whitridge

14. BIRTHPLACE (city or town) New Bedford Mass (State or country)

15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Horatio Whitridge

(Address) 222 E Redwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov 28, 1936

19. UNDERTAKER Henry M. Jenkins

(Address) 24 E. Calverton Rd. Sch. 10

20. FILED 1936 14 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 to Nov 26, 1936

I last saw him alive on Nov 25, 1936. Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Fracture neck left femur Nov 6, 36
Hypostatic passive pulmonary congestion Nov 12, 36
Acute pulmonary oedema Nov 28, 36

Other contributory causes of importance:

Impairment of Age
Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide? - Date of injury Nov 6, 1936

Where did injury occur? Residence -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home - Library -

Manner of Injury fall, loss of balance

Nature of Injury fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased?

No - If specify

(Signed)

Chas W. Lammie

M. D.

(Address) 1327 Park Ave

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Woodington Road St. Reflet 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 806 Woodington Road St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR none

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia M. Lealey | | |
| 6. DATE OF BIRTH (month, day, year) Jan. 9/1871 | | |
| 7. AGE Years 65 | Months 10 | Days 17 |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|--|
| 12. BIRTHPLACE (city or town) (State or country) Baltimore Md |
| 13. NAME Edward C Lealey |
| 14. BIRTHPLACE (city or town) (State or country) Baltimore Md |
| 15. MAIDEN NAME Susan Powers |
| 16. BIRTHPLACE (city or town) (State or country) Baltimore Md |
| 17. INFORMANT Mrs Sophia M. Lealey (Address) 806 Woodington Road |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Nov 30 1936 |
| 19. UNDERTAKER Wm J. Dierksen & Son (Address) 1000 N. E. Ave. |

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (month, day, year) Nov. 26, 1936 |
| 22. I HEREBY CERTIFY, That I took charge of the remains described above, held on (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above about 7 P.M. |
| The principal cause of death and related causes of importance were as follows: Concussion of Brain |
| Date of onset |

Other contributory causes of importance:

| | |
|---|---|
| Was an operation performed? | Date of |
| For what disease or injury? | |
| Name of operation | Date of |
| What test confirmed diagnosis? | Was there an autopsy? |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc. Date of injury Nov 26 1936 | |
| Where did injury occur? 806 Woodington Rd | (Specify city or town, county, and State) |
| Specify whether injury occurred in industry, in home, or in public place Home | |
| Manner of injury Felled down by car | |
| Nature of injury | |

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Wm J. Dierksen & Son (Address) 1000 N. E. Ave. Coroner M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1418
B² 29488 HEALTH DEPARTMENT—CITY OF BALTIMORE
F 29488
95-3
76-10

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *76-10* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME *Earl F. Mitchell*

If U.S. Veteran
specify WAR

(a) Residence: No. *304 S. East ave* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ethel

6. DATE OF BIRTH (month, day, year) *3-2-05*

7. AGE Years Months Days If LESS than 1 day,.....hrs. or min.
31 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.,

Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *md*

13. NAME *Thomas Mitchell*

14. BIRTHPLACE (city or town) (State or country) *md*

15. MAIDEN NAME *Kate Greisenger*

16. BIRTHPLACE (city or town) (State or country) *md*

17. INFORMANT

(Address) *Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. H. Oliver Co.* Date *Nov. 28, 1936*

19. UNDERTAKER

(Address) *2334 Jefferson St.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 26, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 17, 1936* to *Nov 26, 1936*

I last saw him alive on *Nov 26, 1936* Death is said to have occurred on the date stated above, at *1248* m.

The principal cause of death and related causes of importance were as follows:

Bacterial Endocarditis

Date of onset

?

Other contributory causes of importance:

Rheumatic Heart Disease

Unknown

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Blood Culture*. Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Palmer Howard Mitchell, D. D.
(Address) *Johns Hopkins Hospital*

F 29489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29489

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213-E. Oliver Street St., 9-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Mary E. McGreevy

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence; No.

1213-E. Oliver Street St.,

Ward.

If U.S. Veteran
specify WAR

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John A. McGreevy

6. DATE OF BIRTH (month, day, year)

9/26/1867

7. AGE

69

Years

Months

2

Days

-

If LESS than

1 day, or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Washington, DC.

FATHER

13. NAME

Hugh Phillips.

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Mary Eagan

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

Harry J. McGreevy

(Address)

1213-E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/30/36

19. UNDERTAKER

George J. Ruth, Inc.

(Address)

1735-Harford Ave.

20. FILED

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/26/1936

22. I HEREBY CERTIFY, That I attended deceased from

10/20/36, 19, to 11/26/36

I last saw her alive on 11/26/36 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
Coronary thrombosis

Other contributory causes of importance:

Myocardial infarction

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George J. Barden

M. D.

(Address)

1817 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1936

Frances Broumley ✓ HEALTH DEPARTMENT—CITY OF BALTIMORE 29490

29490

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Franklin Typ. Hospital*CITY OF BALTIMORE: (No. *10-1* St. *10-1* Ward)Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *30* yrs. *0* mos. *0* ds.2. FULL NAME *Frances Broumley (Broumley)*(a) Residence: No. *3 Wendall Ave.* St., *10-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Geo J. Broumley</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>1883</i> | | |
| 7. AGE <i>53</i> | Years <i>53</i> | Months <i>0</i> |

| | |
|---|--|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Housewife</i> |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <i>37</i> |

12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *John Brykczynski*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *unmarried*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Henry Broumley*
(Address) *3 Wendall Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *Nov 30*, 193619. UNDERTAKER *John M. Welch*
(Address) *401 S. Chestnut St*20. FILED *1936* Registrar *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/26/1936*22. I HEREBY CERTIFY, That I attended deceased from *11/23/1936* to *11/26/1936*I last saw her alive on *11/26/1936*. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of ovary with metastasis.

Date of onset

Other contributory causes of importance: *Arteriosclerosis*Name of operation *Laparotomy* Date of *11/25/36*What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Dr. J. Battaglia* M. D.(Address) *South Square St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29492

CERTIFICATE OF DEATH

82-a
F 29492
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sumai Hospital St. 13-1* Ward)

Length of residence in city or town where death occurred *Lifetime* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Temple Garden Arts* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE *Mr. Emanuel Eilan*

6. DATE OF BIRTH (month, day, year) *Sept. 1857*

7. AGE Years *79* Months *2* Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt.* (State or country) *md.*

FATHER 13. NAME *Lehman Heilner*

14. BIRTHPLACE (city or town) (State or country) *Germany*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Mrs. A. Rosenstock* (Address) *3919 Maine Ave.*

18. BURIAL, CREMATION, OR REMOVAL Ph. *Balt. Hebrew* By *Da* *Nov 30* 19 *36*

19. UNDERTAKER *David Langheim, Son* (Address) *1902 Cutaw Place*

20. FILED *NOV 28 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 28* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 26* 19 *36* to *Nov. 28* 19 *36*

I last saw her alive on *Nov 28* 19 *36* Death is said to have occurred on the date stated above, at *12⁴⁰ A.m.*

The principal cause of death and related causes of importance were as follows: *Cerebral hemorrhage*

Other contributory causes of importance: *Hypertension* *Arteriosclerosis*

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *Irvin Sauber* M. D.

(Address) *Sumai Hospital*

NOV 28 1936

29493

HEALTH DEPARTMENT—CITY OF BALTIMORE 29493

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sadie Frankel(a) Residence: No. 2213 Linden Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 18707. AGE Years Months Days If LESS than 1 day, hrs. or min. About 668. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.13. NAME Philip Frankel14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Yetta Block16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. J. B. Ottenheimer (Address) 3508 Forest Park Ave.18. BURIAL, CREMATION, OR REMOVAL Place Ohen Shalom Cem. Date Nov. 27, 193619. UNDERTAKER David Landheim & Son (Address) 1902 Eutaw Place.20. FILED NOV 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes Mellitus
Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ottenheimer Coroner M. D.(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21629
F 29494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29494

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of male

6. DATE OF BIRTH (month, day, year) 1/6/95

7. AGE Years Months Days If LESS than 1 day, ... hrs. or min. 41 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER 13. NAME John J. Johnson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1936 to Nov 24, 1936

I last saw him alive on Nov 24, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Polar pneumonia.

Date of onset

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis? Smell Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) James M. Haviland

(Address) Johns Hopkins Hospital

M. D.

FILED

NOV 28 1936

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

386
29495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St. 76-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Zingarella

If U.S. Veteran specify WAR

(a) Residence: No.

218 S Bouldin St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race
white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

James

6. DATE OF BIRTH (month, day, year)

11-19-91

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

45

44

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H.W.-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

FATHER

13. NAME

Joseph Andresini

14. BIRTHPLACE (city or town) (State or country)

Italy

MOTHER

15. MAIDEN NAME

antone Wadrone

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer

Date Nov 30

1936

19. UNDERTAKER

(Address) 2818 E. Balto St.

Frank V. Piskone

20. ILL. D

NOV 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1936 to November 26, 1936

I last saw her alive on November 25, 1936. Death is said to have occurred on the date stated above, at 4:30 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy due to chronic hypertensive vascular disease.

Date of onset

Other contributory causes of importance:

cardiac failure enlargement of the heart due to hypertension

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Werner Reinberg

M. D.

(Address) Sylcrest Apts C-25

Park Ave & Whitelock St

29496

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR...

(a) Residence: No. 2208 North Monroe Street St., Ward.
(Usual place of abode) (If different)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from
November 25, 1935, to November 27, 1936

I last saw her alive on November 27, 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Lobar Pneumonias

Lobar Pneumonias

11. Total time (years)
spent in this
occupation

Date of copy
OV. 22
1936

Other contributory causes of importance:

Myocardial Insufficiency

Was an operation performed? no Date of

For what disease or injury?

Clinical Examination

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place _____ (Specify city or town, county, and State)

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of decedent?

10 If so, specify
(Signature) *William J. Montgomery III* (M.D.)
(Address) 402 East 25th Street

134

NOV 28 1935

549

F 29497

F 29497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5.3

OV 1936

F 29498 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City, 19-2* St., *19-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *280 K. Mount* St., *0* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *0*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *X*6. DATE OF BIRTH (month, day, year) *May 31, 1926*7. AGE Years *5* Months *5* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *infant*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *James*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*15. MAIDEN NAME *Maria Strother*16. BIRTHPLACE (city or town) *London, Ohio*
(State or country) *Ohio*17. INFORMANT *Mrs. James Jackson*(Address) *280 K. Mount*

18. BURIAL, CREMATION, OR REMOVAL

Place *mt - Zion* Date *Nov 28, 1936*19. UNDERTAKER *Mrs. Kate R. Williams*(Address) *322 x Schreiner St.*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH *0*21. DATE OF DEATH (month, day, year) *Nov 26, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by *autopsy* find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia

Other contributory causes of importance:

sub-acute enterocolitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. M. Williams* M. D.(Address) *1010 S. 3rd St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Ramsey St. 10-5 Ward) ✓137

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME John E. Schreck

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
Specify WAR _____

(a) Residence: No. 2239 Ramsey St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|---|---|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> | |
| 5a. If married, widowed, or divorced HUSBAND of _____ WIFE of <u>Christine M. Schreck</u> | | | |
| 6. DATE OF BIRTH (month, day, year) <u>Oct 29-1857</u> | | | |
| 7. AGE <u>79</u> | Years <u>-</u> | Months <u>-</u> | Days <u>26 27</u> |
| | | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| | 10. Date deceased last worked at this occupation (month and year) | | |
| | | | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-36 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to Nov 25, 1936
I last saw him alive on Nov 25, 1936. Death is said to have occurred on the date stated above, at 3-A.m.

The principal cause of death and related causes of importance were as follows:

Senile hypertrophy of prostate

Date of onset
2 yrs
ago

Other contributory causes of importance:

Cerebral anemia

3 days

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Benjamin Wells M. D.

(Address) 2030 Wilkens Ave

| | |
|--|---|
| FATHER | 13. NAME <u>John Schreck</u> |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> |
| MOTHER | 15. MAIDEN NAME <u>Schreck</u> |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> |
| 17. INFORMANT <u>Christine M. Schreck</u> (Address) <u>2239 Ramsey St.</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>11-28-36</u> | |
| 19. UNDERTAKER <u>J. B. Shippert & Son</u> (Address) <u>1300 E. Baltimore Place</u> | |

20. FILED 11-28-36 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29500

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 W. Baltimore St., 20-3 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Philipp Michel

(a) Residence: No. 1937 W. Baltimore St., 20-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Louise Michel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18 1860

7. AGE Years 76 Months 3 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail road

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME P. L. Michel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Von Fulda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W. Michel
(Address) 2901 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bowling Park Date 11-30-36

19. UNDERTAKER A. B. Whippert & Son
(Address) 1300 Calver Place

20. FILED 29-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935 to Nov 26, 1936

I last saw him alive on Nov 26, 1936 Death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

Initial Insufficiency,
Chronic Myocardial Dis-
organized Arteriosclerosis

Other contributory causes of importance

Acute Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. Michel

2901 Edmondson

M. D.

29501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square* St. *12* Ward)Length of residence in city or town where death occurred *2* yrs. *3* mos. *11* ds. How long in U. S. If of foreign birth? *2* yrs. *3* mos. *11* ds.2. FULL NAME *Fredrick A. Brady*(a) Residence: No. *1263* St. *12* Ward. (If non-resident give city or town and State)Registered No. *178-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 10 - 1934*7. AGE Years *2* Months *3* Days *11* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *Balto Md*12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Fredrick A. Brady*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Grace E. Brady*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Grace E. Brady*(Address) *1400 Reister Place*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *7 Nov 28*19. UNDERTAKER *Mrs. Mrs. John H. Dwyer*(Address) *1400 Reister Place*20. FILED *336*

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 2 - 1934*22. I HEREBY CERTIFY that I took charge of the remains described above, held an *autopsy* thereon and from the evidence obtained by said *autopsy* find that said deceased came to his death on the day stated above.

(Insert Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

*Strangulation by
hanging*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: *Accident*Accident, suicide, or homicide *1263 Sargeant St*Where did injury occur? *1263 Sargeant St* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Gas Jet on Gas Stove*Manner of injury *hanging*Nature of injury *Strangulation in some manner*

24. Was disease or injury in any way related to occupation or disease?

If so, specify

(Signed) *Dr. H. Phillips*(Address) *1439 E. ...*

This statement should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

29502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29502

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Nick Choyse

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

Specify WAR

(a) Residence: No. 1316 N. Fulton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) January ? 18917. AGE Years 45 Months 10 Days If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Valdes (D)14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME ???16. BIRTHPLACE (city or town) (State or country) ??17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Buried/Heart Date 11-28 193619. UNDERTAKER J. J. Lohr & Sons
(Address) 1318 Light St20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 193622. I HEREBY CERTIFY. That I attended deceased from August 27, 1936 to November 23, 1936I last saw him alive on November 23, 1936. Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

Aneurysm of the AortaDate of onset
May
1936

Other contributory causes of importance:

Pulmonary TuberculosisApril
1936

Was an operation performed?..... Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes, specify

(Signed) Leon H. Feldman

M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Mosher St. 16-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1334 Mosher St., 16-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Ruth Wright
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 4, 19117. AGE 25 Years 6 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys, Md.13. NAME William J. Wright14. BIRTHPLACE (city or town) (State or country) St. Marys, Md.15. MAIDEN NAME Barn Bayner16. BIRTHPLACE (city or town) (State or country) St. Marys, Md.17. INFORMANT Father & Mother(Address) 1334 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marks Cemetery Date June 11, 193619. UNDERTAKER Mrs. L. Bailey(Address) 1421 Jefferson St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry)

to death on the day stated above, 4:40 PM

The principal cause of death and related causes of importance were as follows:

Brain and Pericardium

Date of onset

Other contributory causes of importance

Card and Gr. vessels

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. H. H.

Coroner

M. D.

(Address) 1215 Hampden

F 29504

B 21255
29504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 15 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Boyd Webb
Spencer

If U.S. Veteran

specify WAR _____

(a) Residence: No. _____

St. _____

Ward. W Va

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Grace
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11-1-157. AGE Years 21 Months 10 Days 27 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. meat Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) W Va13. NAME Asbury Webb14. BIRTHPLACE (city or town) (State or country) W Va15. MAIDEN NAME Oshel Keffer16. BIRTHPLACE (city or town) (State or country) W Va17. INFORMANT Records
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Spencer W. Va. Nov 28, 193619. UNDERTAKER Asbury J. Tucker & Son
(Address) North & Penn Ave.9. YEAR 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1936 to Nov 28, 1936I last saw him alive on Nov 28, 1936 Death is said to have occurred on the date stated above, at 6:50 m.

The principal cause of death and related causes of importance were as follows:

Cerebellar abscess left

Date of onset _____

Other contributory causes of importance:

NoneWas an operation performed? Yes Date of Nov. 14 and 24For what disease or injury? Left cerebellar abscess 1936What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) James Monroe Mason(Address) Johns Hopkins HospitalBaltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29505

CERTIFICATE OF DEATH

X 213-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Marine Hospital 17-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

George Johnson

If U. S. Veteran

specify WAR

(a) Residence: No.

Princess Anne County

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Mabel Daniels</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Nov. 27, 1936</i> | | |
| 7. AGE | Years <i>62</i> | Months <i>1</i> |
| | Days <i>9</i> | If LESS than 1 day, <i>hrs.</i> or <i>min.</i> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Master</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Seaman</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country)

Mt Vernon Md.

FATHER

13. NAME *Geo. W. Johnson*

14. BIRTHPLACE (city or town) (State or country)

Mt Vernon

MOTHER

15. MAIDEN NAME *Mary Furness*

16. BIRTHPLACE (city or town) (State or country)

Mt Vernon

17. INFORMANT

Records Marine Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Vernon*Date *11-29*

1936

19. UNDERTAKER

Dale Dackell

(Address)

Princess Anne County

20. FILED

1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27, 1936*22. I HEREBY CERTIFY, That I have examined the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull + Subdural Hemorrhage

Date of onset

12/26/36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *151* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *10-26-1936*Where did injury occur? *on ship in Chesapeake Bay* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

*Public Place of industry*Manner of injury *as a result of being struck by ship's boom*Nature of injury *fractured skull*

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *Ship Master*(Signed) *Chas. D. Dackell* M. D.

Coroner

(Address)

Princess Anne County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29506

F 29506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *E. Mulberry St. -1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *118 Central Ave. Glenburnie, Md.* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jane E. Roberts*6. DATE OF BIRTH (month, day, year) *July 23, 1887*7. AGE Years *49* Months *7* Days *5* If LESS than 1 day, hrs. or min. *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Security Dealer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own Business*
10. Date deceased last worked at this occupation (month and year) *Nov. 27, 1934* 11. Total time (years) spent in this occupation *18 yrs.*12. BIRTHPLACE (city or town) *Balto. Md.* (State or country)13. NAME *John C. Roberts*14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Margaret F. Boyd*16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)17. INFORMANT *Mrs. Jane E. Roberts* (Address) *Glenburnie, Md.*18. BURIAL, CREMATION, OR REMOVAL *and* Place *Trinity Episcopal Church* Date *Nov. 30, 1934*19. UNDERTAKER *Thomas W. Singleton* (Address) *Glen Burnie, Md.*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/27, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *cf.* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Armin B. Wallace* M. D.(Address) *1231 St. Paul St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29507

Doris R. Dashais

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29507

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Reisterstown Rd St. 15-5 Ward)Length of residence in city or town where death occurred 17 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 17 yrs. 1 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3100 Reisterstown Rd St. 15-5 Ward. (If non-resident give city or town and State)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|-------------------------------|---|
| 1. SEX <u>7.</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|------------------|-------------------------------|---|

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-----------------|--------|------|----------------------------------|
| 7. AGE | Years <u>28</u> | Months | Days | If LESS than 1 day, hrs. or min. |
|--------|-----------------|--------|------|----------------------------------|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cumtland Md Date 11-24-36

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-193622. I HEREBY CERTIFY, That I attended deceased from 4-10-1935 to 11-28-1936I last saw her alive on 11-28-1936 Death is said to have occurred on the date stated above, at 2307 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Edmund Revin

M. D.

(Address)

Revin

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

NOV 27 1936

F 29508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St.

Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph S. R. Bydings

If U. S. Veteran

specify WAR

(a) Residence: No.

Hennepin

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary M. Bydings

6. DATE OF BIRTH (month, day, year)

May 21, 1881

7. AGE

55

Years

Months

Days

If LESS than 1 day... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sect. & R. Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hennepin Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Joseph S. Bydings

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Jane R. Bydings

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

Mrs. Mary M. Bydings

(Address)

Hennepin

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery No 30

1931

19. UNDERTAKER

Chas. S. Black

(Address)

742 W North Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Cham

(Address)

125 Hammond St

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29509
3275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29509

JOHNS HOPKINS HOSPITAL
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Abraham P. BearmanIf U.S. Veteran
specify WAR _____(a) Residence: No. 142 N. Eyster

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ <u>- Late Mary</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Nov 1865</u> | | |
| 7. AGE <u>71</u> | Years <u>70</u> | Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchmaker</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Nov 29</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Gershen Thomsen Funn

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rachael Hurwitz

15. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Sidney Bearman
(Address) 3024 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Road allDate Nov. 29, 1936

19. UNDERTAKER

Sol. Luzzington & Sons
(Address) 1127 E. Balto. St.

20. FILED

19

Reg. Str. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov 25, 1936I last saw him alive on Nov 25, 1936. Death is said to have occurred on the date stated above, at 830p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance:

Diabetes MellitusArteriosclerotic Heart DiseaseWas an operation performed? No

Date of _____

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Palmer Howard Hutchins M. D.(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1936

F 29510

F 29510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1407 Holbrook* St., *9-9* Ward)Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Florence Taylor(a) Residence: No. *1407 Holbrook*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *James E. Taylor*7. DATE OF BIRTH (month, day, year) *Oct 19 1857*8. AGE Years *85* Months *1* Days *8* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Hempstead, Va*14. NAME *Kate Sponella*15. BIRTHPLACE (city or town) (State or country) *W. Va*16. MAIDEN NAME *Philip Rohr*17. BIRTHPLACE (city or town) (State or country) *W. Va*18. INFORMANT *Charles Rohr*(Address) *4629 Schenley Rd*

19. BURIAL, CREMATION, OR REMOVAL

*London Park, Nov 30, 1936*20. UNDERTAKER *J. S. Marshall*(Address) *3039 Falk Road*

21. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11. 27*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11/18*, 19*36*, to *11/27*, 19*36*I last saw her alive on *11/27*, 19*36* Death is saidto have occurred on the date stated above, at *3 P. m.*

The principal cause of death and related causes of importance were as follows

Coronary Thrombosis

Date of onset

11/18/36

Other contributory causes of importance

Arteriosclerotic Cardio-vascular Disease

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *PE* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph S. Bleum, M. D.
1206 E. Preston St

CERTIFICATE OF DEATH

1. PLACE OF DEATH

MOUNT HOPE RETREAT

CITY OF BALTIMORE: (No. BALTIMORE, MARYLAND St. 28-1 Ward)Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

John F. BurkeIf U.S. Veteran
specify WAR None

(a) Residence: No.

MOUNT HOPE RETREAT

BALTIMORE, MARYLAND

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None6. DATE OF BIRTH (month, day, year) June 18-18627. AGE Years 74 Months 5 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 189511. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Richmond
(State or country) Va.

13. NAME

Patrick Burke14. BIRTHPLACE (city or town)
(State or country)Ireland

15. MAIDEN NAME

Mary Whelan16. BIRTHPLACE (city or town)
(State or country)Ireland

17. INFORMANT

Records of Mount Hope
(Address) Mount Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Land Date Nov/30/36

19. UNDERTAKER

Stewart & Brown Company
(Address) 128-10 North Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 193622. I HEREBY CERTIFY That I attended deceased from April, 1928, to Nov. 28, 1936I last saw him alive on Nov. 28, 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of death were as follows:

Arteriosclerosis
Hypertrophy prostate
Myocarditis
Parasitic infection syndrome
Exhaustion

Date of onset

6 Mths
8 yrs
4 yrs
10 Mths

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Danman P. Wagoner D.(Address) 3347 Fidelity St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St., 10-2 Ward

Length of residence in city or town where death occurred 9 yrs. 7 mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 54 Years 11 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29513

✓ F 29513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Hanover St. St. 22-1 Ward)Length of residence in city or town where death occurred 77 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bertha Rudolph.(a) Residence: No. 830 Hanover St. St. 22-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) January 20, 18597. AGE Years 77 Months 10 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dre ssmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME John Rudolph.14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Barbara Krasser.16. BIRTHPLACE (city or town) Germany.
(State or country)17. INFORMANT Margaret Rudolph. (sister)
(Address) 830 Hanover St.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Nov 27 193619. UNDERTAKER E. Schloman & Son
(Address) 1039 Hanover St20. FILED 19 Nov 27 Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

11/27/36 1017 S. Charles St. M. D.

F 29514

F 29514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took notice of the contents described above, held an _____ thereon and from the evidence obtained by said _____ (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

What disease or injury?

Date of

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

1216 Hamilton

U. S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29515

F 29515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Loudon Ave. 16-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary E. Gage

(a) Residence: No. 600 N. Loudon Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1881.

7. AGE 55 Years 8 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. & E. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Edward S. Gage

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Margaret A. Younger

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Rene Bigelow (Address) 600 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's Cem. Date Nov. 30, 1936

Fairlee, Kent Co. Md.

19. UNDERTAKER Harry A. Witzke (Address) 4101 Edmondson Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Mar 27, 1936

I last saw him alive on Mar 24, 1936. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardis - Vascular Disease

Other contributory causes of importance:

Angina Pectoris

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert C. Calkins

M. D.

(Address) 1216 E. Preston St.

over

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 29516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29516

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Payson St., 20-5 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 322 S. Payson St., 20-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Katharina Hoerl
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 2 - 18627. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 11 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter10. Date deceased last worked at this occupation (month and year) Nov. 1511. Total time (years) spent in this occupation 20 1/212. BIRTHPLACE (city or town) (State or country) Catonsville Md13. NAME John Geo. Hoerl14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Christina Stangler16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Katharina Hoerl(Address) 322 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Weston Cemetery Date Nov. 30, 193619. UNDERTAKER George L. Schwab(Address) 7121 Frederick Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 193622. I HEREBY CERTIFY. That I attended deceased from Aug. 1936 to Nov. 27 1936I last saw him alive on Nov. 27, 1936 Death is said to have occurred on the date stated above, at 1:50 m.

The principal cause of death and related causes of importance were as follows:

Generalized Arterio-sclerosis
Chronic interstitial nephritis
arteriosclerotic myocarditis

Date of onset

??1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Morris B. Schreier M. D.(Address) 5-48 Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 29517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 21-1 Ward)

Length of residence in city or town where death occurred

32 yrs. 9 mos. 14 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gabriel Greason

(a) Residence: No.

339 Scott St

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or race White 5. Single, Married, Widowed, or Divorced (write that word) married

5a. If married, widowed, or divorced

HUSBAND of

Mary Greason

6. DATE OF BIRTH (month, day, year)

Feb 14 1904

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

32

9

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

American

10. Date deceased last worked at this occupation (month and year)

11. Total (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Ind.

13. NAME

Geo. T. Greason

14. BIRTHPLACE (city or town) (State or country)

Balto Ind.

15. MAIDEN NAME

Agnes Fitzpatrick

16. BIRTHPLACE (city or town) (State or country)

Balto Ind.

17. INFORMANT

Mary Greason

(Address)

339 Scott St

18. BURIAL, CREMATION OR REMOVAL

Cedar Hill

Date

12/1/36

19. UNDERTAKER

Geo. H. Leimbach

(Address)

325 N. Lombard St

20. FILED

17

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11/28/1936

22. HEREBY CERTIFY, That I attended deceased from

11/22/1936 to

11/28/1936

I last saw him alive on 11/28/36, 1936. Death is said

to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus aureus Septicemia

Date of onset

Other contributory causes of importance:

Chr. Osteomyelitis

Name of operation Drainage + drainage Date of 11/24/36

What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

O. J. Patterson

M. D.

(Address)

Franklin Sq. Hrgs

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. 8 3

F 29518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 76-6 Ward)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Ellen White

(a) Residence: No. 1301 S. Ponce St. St. 0 Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of George (D) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-15-1959

7. AGE Years 77 Months 5 Days 13 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME Alex. Hawkins

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Annie Humes

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Apr. 30 1936

19. UNDERTAKER C. Miller & Son (Address) 2334 Jefferson St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29-, 1933, to 11-28, 1936

I last saw him alive on 11-28, 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix uteri

Date of onset

1 yr.

Other contributory causes of importance:

Accident

6 mo.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Moore M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 29 1936

F 29519

F 29519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 7th Milton Ave St. 7-2 Ward)Length of residence in city or town where death occurred 54 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? 54 yrs. 5 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 439 7th Milton Ave St., 7-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Annie Plitt (not WIFE of)6. DATE OF BIRTH (month, day, year) Mar 5, 18687. AGE Years 68 Months 8 Days 18 If LESS than 1 day, 18 hrs. or 18 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)13. NAME Wm. Wagan14. BIRTHPLACE (city or town) Pa. (State or country)15. MAIDEN NAME Mary Plitt16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Mrs. Annie Wagan (Address) 439 7th Milton Ave.18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date 11/30/193619. UNDERTAKER C. J. Farming & Son (Address) 1938 E. Lafayette Ave.20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936, to Nov. 26, 1936I last saw him alive on Nov. 24, 1936. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Other contributory causes of importance:

Cotarrary Arteriosclerosis

Date of onset

11/26/36

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Wm. Wagan

M. D.

(Address) 701 N. Kenwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F M. 29520

F 29520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *4* Ward)

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *MARY ANN VELIE*(a) Residence: No. *Bloomington Ave* St. *1* Ward *Catonsville*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *11-25-36*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *BALTIMORE, MD*
(State or country)13. NAME *CLARENCE J. VELIE*14. BIRTHPLACE (city or town) *SALAMANCA*
(State or country) *NEW YORK*15. MAIDEN NAME *ZENNA WASHINGTON HEARST*16. BIRTHPLACE (city or town) *MUSES MILLS*
(State or country) *KENTUCKY*17. INFORMANT *MOTHER*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Johns Church* Date *Nov. 29* 19 *36*

19. UNDERTAKER

Address *Easton Sons*
Ellicott City

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-28* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 25* 19 *36* to *Nov 28* 19 *36*I last saw him alive on *Nov 28* 19 *36* Death is said to have occurred on the date stated above, at *3 P* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Peritonitis

Other contributory causes of importance:

*Intestinal Obstruction*Name of operation *LAPAROTOMY* Date of *11-28-36*What test confirmed diagnosis? *Cpel* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) *Charles L. Goodenough* M. D.(Address) *University Hospital, City*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 29521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *West Baltimore* Ward)Registered No. *46 B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* mos. ds. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4000 Park Heights Ave* St., *13* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *David*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *11-29-36*7. AGE Years *60* Months Days If LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laundress*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *10057*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*FATHER 13. NAME *W. Brown*
14. BIRTHPLACE (city or town) (State or country) *Russia*MOTHER 15. MAIDEN NAME *W. Brown*
16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *11/29/36* 1919. UNDERTAKER *West Baltimore*
(Address) *1437 E. Baltimore St*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-29-36*22. I HEREBY CERTIFY That I attended deceased from *11/20* 19*36* to *11/29* 19*36*
I last saw her alive on *11/29* 19*36* Death is said to have occurred on the date stated above, at *630* a.m.

The principal cause of death and related causes of importance were as follows:

Permeious leukemia?
*Carcinoma of G. C. tract?*Date of onset *6/1/30*

Other contributory causes of importance:

*Arteriosclerotic CUR disease*Name of operation *none* Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. A. W. W.* M. D.
(Address) *West Baltimore*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29522

CERTIFICATE OF DEATH.

34-a-130

1-PLACE OF DEATH

City of BALTIMORE: (No. *House Road Shepherd* St., *Palmyra* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No. *Franklin St. and Calverton Rd.* St., *Palmyra* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *16* yrs. *5* mos. *29* ds.How long in U. S., if foreign birth? *—* yrs. *—* mos. *—* ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.

Female

4-COLOR OR RACE,

*Colored*5-Single, *Single*
Married,
Widowed,
or Divorced.
(Write the word.)5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

May 1 1920

7-AGE.

6 — *28*
16 yrs. *5* mos. *29* ds.

LESS than 1 day.

— hrs. or — min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

School

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country).

Baltimore Md.

10-NAME OF FATHER,

Barr

11-BIRTHPLACE OF FATHER (city or town) (State or Country).

Baltimore Md.

12-MAIDEN NAME OF MOTHER.

Deceased

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

Baltimore Md.

14-

(Informant)

(Address)

House of Good Shepherd Franklin St. and Calverton Rd.

15-

Filed

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). *Nov. 29, 1936*

17- I HEREBY CERTIFY, That I attended deceased from

*July 6 1932 to Nov. 29 1936*that I last saw her alive on *Nov 29 1936*and that death occurred, on the date stated above, at *11:35 A.M.*

The CAUSE OF DEATH* was as follows:

Acute Nephritis with uremic coma and heart failure(Duration) *3* yrs. *5* mos. *29* ds.

CONTRIBUTORY (Secondary)

Congenital Syphilis(Duration) *16* yrs. *5* mos. *29* ds.

18-Where was disease contracted If not at place of death?

*No*Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

19

(Address)

Physician's Report

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR

DATE OF BURIAL.

*St. Peter's Cemetery**Nov. 30 1936*

20-UNDERTAKER.

ADDRESS

George L. Schwab 201 E. 1st St. An

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

16
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16
F 23523 HEALTH DEPARTMENT—CITY OF BALTIMORE F 23523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital 12-6 59 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Smith

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 6502 Eastern Ave. Takoma Park, D. C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E.

6. DATE OF BIRTH (month, day, year) March 6 1873

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lighthouse Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Birmingham (State or country) England

13. NAME Charles Smith

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Mamie E.

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Hospital Reg. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date Nov. 29, 1936

19. UNDERTAKER J. F. Contello (Address) 1722 No Capt. Street

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1936 19 to Nov 29 1936 19

I last saw him alive on Nov 29 1936 19 Death is said to have occurred on the date stated above, at 12 50 P M

The principal cause of death and related causes of importance were as follows:

Carahasis of liver, Atrophic

Date of onset

Other contributory causes of importance: Diabetes mellitus

Was an operation performed? Yes Date of Sept 2 1936
For what disease or injury? Cararhasis of Liver

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James T. Rountree, M.D.

(Address) 45 Maine Ave

Balt Md

F 29524

F 29524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St., *54* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence (No. *677 Front St.* St., *Ward.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 14, 1878*7. AGE Years *58* Months *1* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Traveling*10. Date deceased last worked at this occupation (month and year) *Nov 1936* 11. Total time (years) spent in this occupation *41*12. BIRTHPLACE (city or town) *Bueto Md* (State or country)13. NAME *Alfred Walcott*14. BIRTHPLACE (city or town) *Bueto Md* (State or country)15. MAIDEN NAME *Elith Day*16. BIRTHPLACE (city or town) *Bueto Md* (State or country)17. INFORMANT *Hattie H. Sparks* (Address) *1707 N Washington St*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Nov 30* 19 *36*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Coronary Sclerosis
Lobar Pneumonia
Tuberculosis

Date of onset

Other contributory causes of importance

Hepato-megaly

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) *Erwin B. Wallace* M. D.(Address) *1031 St. Paul St*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29525 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hampton Court Apts. 11-4*) Ward *11-4*

Length of residence in city or town where death occurred *4* yrs. *307* mos. *106-2* ds. How long in U. S. If of foreign birth? *4* yrs. *106-2* mos. *106-2* ds.

2. FULL NAME

Louise Roloson

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran *No Record*
specify WAR *No Record*

(a) Residence: No. *Hampton Court Apts* Ward *11-4*

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single, Married, Widowed, or Divorced~~ (write the word) *Widowed*

5a. If ~~married~~, widowed, or divorced *HUSBAND* (or) WIFE of *James E. Roloson*

6. DATE OF BIRTH (month, day, year) *Aug 2nd 1852*

7. AGE Years *84* Months *3* Days *26* If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto* (State or country) *md*

13. NAME *John A. Allers*

14. BIRTHPLACE (city or town) *Balto* (State or country) *md*

15. MAIDEN NAME *Regina Rutter*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Flornice L. Kettler* (Address) *Hampton Court Apts*

18. BURIAL, CREMATION, OR REMOVAL Place *Breemount* Date *Nov 30th 1936*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 28th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 24*, 1936 to *Nov 28*, 1936

I last saw her alive on *Nov 27*, 1936 Death is said to have occurred on the date stated above, at *99* m.

The principal cause of death and related causes of importance were as follows:

Bronchitis and Pulmonary edema

Other contributory causes of importance:

Senility

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *used* Date of *No*

What test confirmed diagnosis? *used* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *H H Pearl* M. D.

(Address) *2105 Charles St*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29526 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29526

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital*

Registered No. *108*

CITY OF BALTIMORE: (No. *76-4* St. *76-4* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Lena Gerreis*

If U. S. Veteran specify WAR *No Record*

(a) Residence: No. *37 N. Gerson Street* St. *76-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Henry Gerreis*

6. DATE OF BIRTH (month, day, year) *About 1864*

7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country) *Germany*

13. NAME *2*

14. BIRTHPLACE (city or town) (State or country) *2*

15. MAIDEN NAME *2*

16. BIRTHPLACE (city or town) (State or country) *2*

17. INFORMANT *R. E. Lee Young* (Address) *3 E. Lexington St*

18. BURIAL, CREMATION, OR REMOVAL *Schwarz* Place *DEC. 14 1936*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED *11/23/36* 19 *11/23/36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 27, 1936*

22. I HEREBY CERTIFY. That I attended deceased from *November 24, 1936, to November 27, 1936*

I last saw him alive on *November 27, 1936*. Death is said to have occurred on the date stated above, at *11:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset *11/21/36*

Other contributory causes of importance:

Arteriosclerosis

Unknown

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

Name of operation *—* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *—*, 19 *—*

Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *—*

(Signed) *Louis J. Kroll* M. D.

(Address) *South Baltimore Gen. Hosp.*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18916

F 29527 HEALTH DEPARTMENT—CITY OF BALTIMORE 29527

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76-8 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Margaret Carson(a) Residence: No. 3800 Mt. Pleasant Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WARNo Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of John (Deceased) Carson
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-27-18617. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 9 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Lawrence Hoffman14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Elizabeth16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 12 193619. UNDERTAKER Wm Book
(Address) 1217 St Paul St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1936, to Nov. 28 1936I last saw her alive on Nov. 28 1936 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
myocardial failureDate of onset
1 yr ago
1 yr ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) A. L. De Santelle M. D.(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29528

F 29528 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

CORA KINNAR

If U.S. Veteran

specify WAR

No Record(a) Residence: No. 2807 Kirk Ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, with Robert Kinnear (or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 17th 18807. AGE Years 26 Months 9 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11/1/36 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Harford Co (State or country) Md13. NAME John Coffey
14. BIRTHPLACE (city or town) Harford Co (State or country) Md15. MAIDEN NAME Jane
16. BIRTHPLACE (city or town) Harford Co (State or country) Md17. INFORMANT M. E. Kinnear
(Address) 2807 Kirk Ave18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 1st 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28, 193622. I HEREBY CERTIFY, That I attended deceased from 11/9/36, 1936, to 11/28, 1936I last saw her alive on 11/28/36 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma head of Pancreas.

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of 11/30/36For what disease or injury? Obstructive pancreatoma due to Carcinoma head of Pancreas.What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify

(Signed) M. G. Nicholson M. D.
(Address) University Hosp.

29529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29529

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (Not)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Vet. specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE

c. DATE OF BIRTH (month, day, year)

7. AGE

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Nov. 29, 1936

I last saw him alive on Nov. 29, 1936 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Chronic Nephritis

Was an operation performed?

no

Date of

For what disease or injury?

none

Name of operation

none

What test confirmed diagnosis? Symptom Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Adams M. D.

(Address) 2701 N. Calvert St.

F 29530

F 29530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Norman Warlitz(a) Residence: No. *2042 E. Fayette St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Margaret A. Warlitz*6. DATE OF BIRTH (month, day, year) *Sept. 11-1891*7. AGE Years *65* Months *2* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer 0040*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balt. City Hall*10. Date deceased last worked at this occupation (month and year) *4 years* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Minneapolis*13. NAME *Austare Warlitz*14. BIRTHPLACE (city or town) (State or country) *Minneapolis*15. MAIDEN NAME *Don't know*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Margaret A. Warlitz*(Address) *2042 E. Fayette St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *Nov. 30* 19*36*19. UNDERTAKER *John H. Valentine*(Address) *2326 Aikens St.*20. FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 4* 19*36* to *Nov 27* 19*36*I last saw him alive on *Nov 27* 19*36* Death is said to have occurred on the date stated above, at *6⁰⁰ A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cordis - Vascular disease - Cardiac decompensation?

Other contributory causes of importance:

Was an operation performed? *no* Date of: *-*

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *-* 19*-*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *St. Austran* M. D.(Address) *St. Joseph's Hospital*

F 29531 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Madison Ave St., 14-2 Ward)Length of residence in city or town where death occurred 55 yrs. 5 mos. 5 ds. How long in U.S. If of foreign birth? 55 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence: No. 1402 Madison Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced

(or) WIFE of

Frederick Johnson

6. DATE OF BIRTH (month, day, year)

11-6-1880

7. AGE

Years

Months

Days

If LESS than

1 day, 56 hrs.or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Anne Arundel Co. Md.

FATHER

13. NAME

Dennis Coates

14. BIRTHPLACE (city or town) (State or country)

Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME

Frances Booge

16. BIRTHPLACE (city or town) (State or country)

Anne Arundel Co. Md.

17. INFORMANT

(Address)

Mrs. George Coates

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

Nov. 30

1936

19. UNDERTAKER

(Address)

Mrs. Geo. H. Halland

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

11-27-1936

22. I HEREBY CERTIFY, That I attended deceased from

11-22-1936 to 11-27-1936

I last saw her alive on 11-27-1936 death is said

to have occurred on the date stated above, at 10:00 AM.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertensive cardio vascular disease

Other contributory causes of importance:

Date of onset

11-22

1936

2-10-36

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

W. C. Marshall

(Address)

1220 W. Carroll St.

2532-9

F 29532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 E 21 1/2 St., 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

325 E 21 1/2 St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. Color or Race Cw 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 79 Years 78 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereon and from the evidence obtained by inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

29533

HEALTH DEPARTMENT—CITY OF BALTIMORE

29533

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Barclay St. 12-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Minnie Averell Lang(a) Residence: No. 2206 Barclay

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |

6. DATE OF BIRTH (month, day, year)

Jan 21, 1864

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or min.72106

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Personal Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Insurance Co.

10. Date deceased last worked at this occupation (month and year)

1935-April

11. Total time (years) spent in this occupation

15

12. BIRTHPLACE (city or town) (State or country)

Clarksburg W. Va.

MOTHER

13. NAME

Theodore F. Lang

14. BIRTHPLACE (city or town) (State or country)

West Va.

15. MAIDEN NAME

Mrs. C. Fowler

16. BIRTHPLACE (city or town) (State or country)

Clarksburg W. Va.

17. INFORMANT

R. H. Lang

(Address)

609 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 11/30, 1936

19. UNDERTAKER

(Address)

Howery & Sons805 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 27, 193622. I HEREBY CERTIFY That I attended deceased from Sept 20, 1935 to June 1, 1936I last saw him alive on Nov 23, 1936 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension
Arteriosclerosis

Date of onset

Unknown
Unknown

Other contributory causes of importance:

Heart disease, Hypertension
Cerebral ThrombosisUnknown
Sept 22, 36

Was an operation performed?

NO

Date of _____

For what disease or injury?

Name of operation

Clinical

Date of _____

What test confirmed diagnosis?

Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

Jas. G. H. Smith
Introbe Apts.

M. D.

FILED

REGISTERED

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *27-15* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2402 Keshock Rd.* St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Emmanuel D. Offutt*

6. DATE OF BIRTH (month, day, year) *Sept. 12, 1863*

7. AGE Years Months Days If LESS than 1 day. hrs. min. *73* *2* *15* *16*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *John W.S. Offutt*
14. BIRTHPLACE (city or town) (State or country) *Maryland*

15. MAIDEN NAME *Mary Beall*
16. BIRTHPLACE (city or town) (State or country) *Maryland*

17. INFORMANT *Hospital records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge* Date *12/1* 193*4*

19. UNDERTAKER *Henry W. Mears & Son* (Address) *802 N. Calvert St.*

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *November 23, 1936* to *November 28, 1936*

I last saw her alive on *November 27, 1936*. Death is said to have occurred on the date stated above, at *8:25 am*.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Arteriosclerotic heart disease
Chronic nephritis
Ischemic heart disease - discovered

Other contributory causes of importance:

Date of onset

11/22/36

undiscovered

"

11/22/36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George D. Kelly* M. D.

(Address) *Mary Hospital*

F 29535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29535

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Caroline St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

William M. Dunn

(a) Residence: No. 1615 N. Caroline St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Nora Wolfe

6. DATE OF BIRTH (month, day, year) Aug. 15, 1856

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 80 | 2 3 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orphans Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Susan Coulter

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Miss Margaret E. Dunn
(Address) 1615 N. Caroline St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/1 3619. UNDERTAKER Henry W. Mears & Son
(Address) 8-5 N. Calvert St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/36 19

22. I HEREBY CERTIFY That I attended deceased from Sept. 28 1936 to Nov. 28 1936

I last saw him alive on Nov 27 1936 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

myocardial infarct.

Hypertension

Other contributory causes of importance:

Renal insufficiency
Cystitis

Was an operation performed? Yes Date of

For what disease or injury? Isentale - Transurethral Prostatectomy Date of 10/15/36

Name of operation Transurethral Prostatectomy Date of 10/15/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 29536 HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

Registered No. **93-e**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **3412 Copley Road** St. **15-8** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **82** yrs. **4** mos. **18** ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.
 If U. S. Veteran specify WAR

2. FULL NAME

Harry M. Smith
 (a) Residence: No. **3412 Copley Road** St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widower**

5a. If married, widowed, or divorced **HUSBAND of Louise O'Connor**
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) **July 9, 1854**

7. AGE **82** Years **4** Months **18** Days If LESS than 1 day, — hrs. — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore**
 (State or country) **Maryland**

13. NAME **Henry Smith**

14. BIRTHPLACE (city or town) **Baltimore**
 (State or country) **Maryland**

15. MAIDEN NAME **Mary Smith**

16. BIRTHPLACE (city or town) **Baltimore**
 (State or country) **Maryland**

17. INFORMANT **Mrs. Marie R. Duffy**
 (Address) **3412 Copley Road**

18. BURIAL, CREMATION, OR REMOVAL **12/1/36**
 Place **Loudon Park Cem.**

19. UNDERTAKER **Henry H. Mears & Son**
 (Address) **805 N. Calvert St.**

20. FILED **1936** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **11/27**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **3 yr.** 19**33** to **1936**

I last saw him alive on **Nov. 27**, 19**36** Death is said to have occurred on the date stated above, at **10:45** m.

The principal cause of death and related causes of importance were as follows:

**Arteriosclerosis
 Coronary Disease**

Other contributory causes of importance:

myocarditis

Date of onset

Was an operation performed? **no** Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? **no** Date of injury _____, 19**36**

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **Charles Jones** M. D.

(Address) **2500 Rostow**

Exact statement of state cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 29537

F 29537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Monroe St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Schaut

If U.S. Veteran

specify WAR

(a) Residence: No. 700 N. Monroe St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 5a. If married, widowed, or divorced HUSBAND of Helen B. Jubenville (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) June 16, 1859 | | |
| 7. AGE | Years 77 | Months 5 |
| | Days 13 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Accountant | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired) | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jacob H. Schaut

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT Mrs. Rena Reese
(Address) 3312 W. North Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 1, 193619. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 2900 Eutaw Place

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 36 to Nov 29, 1936

I last saw him live on Nov 28, 1936 Death is said to have occurred on the date stated above, at 9:30 AM.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Nov

18 AM

Other contributory causes of importance:

Stroke with Paralysis
Arterial Sclerosis

Date of onset

Aug 29

1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Ed. J. Zimmerman M. D.

(Address) 2858 Harford Road

F 29538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29538

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3129 N. Calvert St., 12-7 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Ann Rittenhouse

(a) Residence: No. 3129 N. Calvert

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widowed |
| 5a. If married, widowed, or divorced HUSBAND of Albert F. Rittenhouse (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) Jan. , 1852 | | |
| 7. AGE Years 84 | Months 10 | Days If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) England
(State or country)

13. NAME Samuel Rhodes

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Elizabeth Morton

16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Albert D. Rittenhouse
(Address) 3129 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Dec. 1, 1936

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1936

22. HEREBY CERTIFY, That I attended deceased (from

July 23, 1936 to Nov 28, 1936

last seen alive on Nov 28, 1936 Death is said

to have occurred on the date stated above, at 6:20 AM

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Date of onset

July 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? There an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 3201 St. Paul St.

29539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29539

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227-E. North Ave. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Uhl

If U.S. Veteran No. specify WAR

(a) Residence: No. 1803-Hope Street

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
 HUSBAND of Theresa (Digelmann)
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/1860

| | | | | |
|--------|-------|--------|--------|--------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day |
| 76 | 5 | 13 | XXXXXX | min. |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Louis Uhl
(Address) 1803-Hope Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 12/2/36

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

November 13, 1936

I last saw him alive on November 28, 1936. Death is said to have occurred on the date stated above, at 2:00 P. M.

The principal cause of death and related causes of importance were as follows:

Aortic Myocarditis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No

For what disease or injury?

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Office 1031 N. Caroline St.

F 29540

F 29540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 E. Lombard St. Ward 8)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emma R. Buckmaster

If U. S. Veteran

specify WAR

No Record(a) Residence: No. 3423 E. Lombard St. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Ellwood D. Buckmaster (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 22nd 18837. AGE Years 53 Months 1 Days 7 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Celant Co (State or country) MD13. NAME Chas. S. Wiggs14. BIRTHPLACE (city or town) St Marys Co (State or country) MD15. MAIDEN NAME Ella T. Ward16. BIRTHPLACE (city or town) St Marys Co (State or country) MD17. INFORMANT Alma Raspi (Address) 3423 E. Lombard St18. BURIAL, CREMATION, OR REMOVAL Hope Chapel Edgewater Md Date Dec 2nd 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th 193622. I HEREBY CERTIFY, That I attended deceased from about Feb 1936, to Nov 29 1936I last saw her alive on Nov 28 1936. Death is said to have occurred on the date stated above, at 4th P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of BladderDate of onset Oct 1st

Other contributory causes of importance:

Granuloma from Cocci2-3 weeks

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Julius T. Johnson M. D.(Address) 340 E. Belfor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29541

HEALTH DEPARTMENT—CITY OF BALTIMORE 29541

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Riggs Ave. St. 16-7 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine O. Quaty,

(a) Residence: No. 2824 Riggs Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Charles E. Quaty, (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 26. 1881

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 55 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William A. Wohner,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary E. Lastner,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles E. Quaty, (Address) 2824 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL DEC 1, 1936 Place Oak Lawn Cem. Date

19. UNDERTAKER Robert S. Little (Address) 2700 Edmondson Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to Nov. 28, 1936

I last saw her alive on Nov. 28, 1936. Death is said to have occurred on the date stated above, at 11:24 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
Carcinoma of left lung

Date of onset May 1932

Other contributory causes of importance

metastasis to left lung

Was an operation performed? yes

Date of May 1932

For what disease or injury?

Carcinoma of uterus

Name of operation

S. & C.

Date of May 1932

What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

William J. Little M. D.
2624 St. Paul St. Balt. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29542

F 29542

18979

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 15-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles, Johnson, Jr.

If U.S. Veteran
specify WAR

(a) Residence: No. 1317 N. Gilmore St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|--|
| 1. SEX M | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) 7-5-1936 | | |
| 7. AGE | Years | Months |
| | 4 | 23 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mattie Mason

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL nov 30
Place Mt. Auburn C. & Co. Date 1/2/3719. UNDERTAKER T. G. Kelson
(Address) 1302 Presbman St

20. DATE 30-11-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/25/36, 19, to 11/28/36, 19

I last saw him alive on 11/28/36, 19, Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Diarrhea
Acidosis - non diabetic
Dehydration

Date of onset

11/14/36

11/16/36

11/16/36

Other contributory causes of importance:

Older Media

11/16/36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

A. H. Alexander

M. D.

(Address)

Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE **29543**CERTIFICATE OF DEATH **✓ 163**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Balti. City Hos. 22-7** St. **22-7** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mon. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME **Frederick J. Wade**

If U. S. Veteran specify WAR _____

(a) Residence: No. **679 W. Baver**

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **colored** 5. Single, Married, Widowed, or Divorced (write the word) **Married**6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Estelle**6. DATE OF BIRTH (month, day, year) **July 1901**7. AGE Years **27** Months **4** Days **1** If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Prints & Letter**

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) **Balti** (State or country) **Maryland**13. NAME **Isiah Wade**14. BIRTHPLACE (city or town) **Virginia** (State or country) _____15. MAIDEN NAME **Laura Pickens**16. BIRTHPLACE (city or town) **Virginia** (State or country) _____17. INFORMANT **Isiah Wade**(Address) **679 W. Baver**

18. BURIAL, CREMATION, OR REMOVAL

Place **Mt. Calvary**Date **12/1/36**19. UNDERTAKER **Wm. E. Kelson**(Address) **1805 Preston St.**20. FILED **6**

19

Registrar.

MEDICAL CERTIFICATE OF DEATH **X**21. DATE OF DEATH (month, day, year) **Nov 28, 1936**

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

subacute gastric ulceration
Thrombotic

Other contributory causes of importance:

Arteriosclerosis of AortaWas an operation performed? **Yes**Date of **Nov 27**

For what disease or injury?

Name of operation **Gastrotomy**Date of **Nov 27**

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: **Accident**Accident, suicide, or homicide Date of injury **Nov 26**Where did injury occur? **Balti Md**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **at home**Manner of injury **Probable fire while in**Nature of injury **ulcer**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) **A. W. Kelson**

Coroner

M. D.

(Address) **1010 S. Street**

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

29544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29544

CERTIFICATE OF DEATH

1. PLACE OF DEATH Athol Ave., Irvington

CITY OF BALTIMORE: (No. German Aged Home St. 28-4 Ward)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Adelheit Eubert

(a) Residence: No. German Aged Home
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Henry Herman Shulte
Hanover14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Sophia W. Ringstedt
Bremen16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Records German Aged Home
(Address) Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec. 1st, 1936

19. UNDERTAKER
(Address) 1003 N. Baltimore St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2/36, 19, to Nov. 29/36, 19

I last saw her alive on Nov. 28/36, 19. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency.

Unknown

Other contributory causes of importance:

Unknown

Nephritis.
Chronic Paranchymatous

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify

(Signed)

(Address)

Henry Wards Church
937 Hanover Street

29545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29545

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womens Hospital 20-1* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2024 N. Fayette St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of John A. Davis (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) April 13, 1879 | | |
| 7. AGE | Years 57 | Months 7 |
| | Days 15 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Maryland**13. NAME **Robert Ellis**14. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Maryland**15. MAIDEN NAME **Mary E. Sheckels**16. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Maryland**17. INFORMANT **Mr. John A. Davis**
(Address) **2024 N. Fayette St.**18. BURIAL, CREMATION, OR REMOVAL
Place **Louisa Park Cem.** No. **Dec. 1** 19**36**19. UNDERTAKER **Joseph H. Hook**
(Address) **1005 N. Baltimore St.**

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Nov. 28th**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 27th**, 19**36**, to **Nov. 28th**, 19**36**I last saw her alive on **Nov. 28th**, 19**36**. Death is said to have occurred on the date stated above, at **6:45 P. M.**

The principal cause of death and related causes of importance were as follows:

Lobar Aspiration Pneumonia (due to aspiration post-operatively)

Date of onset

11-28-36

Other contributory causes of importance:

Was an operation performed? **Yes** Date of **Nov. 23, 1936**For what disease or injury? **Prostatic uteri myomata uteri. Relaxed Vaginal Outlet with Rectocele**What test confirmed diagnosis? **Spec** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) **W. P. Sellers**

M. D.

(Address) **Troman's Hospital**

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

29546 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **23**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Baltimore City Hospital** Ward **8-2**)

Length of residence in city or town where death occurred **20** yrs. **14** mos. **2** ds. How long in U. S. If of foreign birth? **14** yrs. **9** mos. **2** ds.
If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. **1133 Sarah Ann** St., **Ward.** (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **B** 5. Single, Married, Widowed, or Divorced (write the word) **M.**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Josephine Bey**

6. DATE OF BIRTH (month, day, year) **Feb 15, 1890**

7. AGE Years **46** Months **9** Days **13** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **?**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **?**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. **0087**

12. BIRTHPLACE (city or town) (State or country) **South Carolina**

13. NAME **James Bey**

14. BIRTHPLACE (city or town) (State or country) **South Carolina**

15. MAIDEN NAME **Hennetta Raymond**

16. BIRTHPLACE (city or town) (State or country) **South Carolina**

17. INFORMANT **Hospital Records.**

18. BURIAL, CREMATION, OR REMOVAL

Place **W.D. Cahoon** Date **Dec. 2 1936**

19. UNDERTAKER **Sam. H. Chase & Son**

(Address) **608 N. E. Street**

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **November 28, 1936**

22. I HEREBY CERTIFY. That I attended deceased from **July 1, 1936** to **November 28, 1936**

I last saw him alive on **November 28, 1936** Death is said to have occurred on the date stated above, at **5¹⁰ P.M.**

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs April 1936

Other contributory causes of importance:

Tuberculosis of Lungs

Date of onset

April 1936

15 days

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? **Clinical** Is there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify

(Signed) **Dean H. Feldman** M. D.

(Address) **Balto. City Hospital**

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 29547

18750

F 29547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 18-3 Ward)

Length of residence in city or town where death occurred 1918 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dean

(a) Residence: No. 113 S. Arlington Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Philip T. DEAN

6. DATE OF BIRTH (month, day, year) 1-14-1853

7. AGE Years 83 Months 10 Days 14 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John Greenfield

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Tresa Gatton

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St PETERS CEM Date DEC 1st 1936

19. UNDERTAKER Ruff C. B. M. Walters (Address) Ruff & Stricker St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936, to Nov. 28, 1936.

I last saw her alive on Nov. 28, 1936. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset Two weeks

Other contributory causes of importance:

Arteriosclerosis, general

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Signed H. A. de Santis M. D.

(Address) Baltimore City Hospitals

Exact statement of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 29548

F 29548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *H. Joseph's Hospital 8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1631 N. Bond* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 24-1905*7. AGE Years *31* Months *5* Days *5* If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *14 yrs*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *Daniel W. Cox*14. BIRTHPLACE (city or town) *Newport* (State or country) *Kentucky*15. MAIDEN NAME *Margaret J. Harrison*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*17. INFORMANT *Margaret J. Cox* (Address) *1631 N. Bond St*18. BURIAL, CREMATION, OR REMOVAL Place *Parkwood Cem* Date *Dec 7 1936*19. UNDERTAKER *Joseph Syfer* (Address) *1600 W. North Ave*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 29 1936*22. I HEREBY CERTIFY, That I attended deceased from *October 26 1936* to *Nov. 29 1936*I last saw her alive on *Nov. 29 1936* Death is said to have occurred on the date stated above, at *3:40 p* m.

The principal cause of death and related causes of importance were as follows:

Abscess Middle Ear
Petrositis
Cerebellar Abscess
*Meningitis (localized)*1936
Date of onset
Oct. 15?
Nov. 15?
Nov. 15?

Other contributory causes of importance:

Was an operation performed? *yes* Date of *10/29/36*For what disease or injury? *Radical mastoidectomy*
Ligation Rt. int. jugular vein - lateral Sinus
*11/2/36*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *A. Austran* M. D.(Address) *H. Joseph's Hospital*

F 29549

F 29549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Taplow Rd. St. Ward 27-12)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Laura Manger(a) Residence: No. 103 Taplow Rd. St. Ward 27-12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Ernest M. Manger (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 7, 18617. AGE Years 75 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampton Pa.13. NAME Jacobiah Stinch14. BIRTHPLACE (city or town) (State or country) Pa.15. MAIDEN NAME Sarah Edgell16. BIRTHPLACE (city or town) (State or country) East Berlin Pa.17. INFORMANT Mrs. John L. Yerles
(Address) York Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Mt. Cemetery Date Nov. 27, 193619. UNDERTAKER Wm. H. M. Manger
(Address) 1600 W. 12th St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 193622. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1934 to Nov. 27, 1936I last saw her alive on Nov. 27, 1936 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage

Date of onset

11/27/36

Other contributory causes of importance:

Hypertension and arteriosclerosis

1934

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify(Signed) Arthur E. Raygo(Address) 2229 Easton St.

F 29550

29550
321451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Benjamin Shockett

If U.S. Veteran
Specify WAR _____

(a) Residence: No. _____

2227 E Balto

St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rebecca

6. DATE OF BIRTH (month, day, year)

2-15-85

7. AGE

Years

51

Months

9

Days

15

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Russia

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased (from

Nov. 18, 1936, to Nov 30, 1936

I last saw him alive on Nov 30, 1936. Death is held
to have occurred on the date stated above, at 240 A. m.The principal cause of death and related causes of
importance were as follows:

myocardial failure

Date of onset

Other contributory causes of importance:

Pulmonary emphysema, chronic
bronchitis

Was an operation performed? no

Date of

For what disease or injury? no

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed)

Palmer Howard Fletcher, M. D.

(Address)

Johns Hopkins Hospital

Registrar

29551

F 29551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 23-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edward Wolfe

If U.S. Veteran

specify WAR _____

(a) Residence: No. _____

1803 S. Charles St.,

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|---|
| 2. SEX <u>m</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>-</u> |
|--------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 24-1936

| | | | | |
|--------|----------|--------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or min. |
| | <u>5</u> | | <u>6</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Ed. Wolfe

14. BIRTHPLACE (city or town) (State or country)

Md -

MOTHER

15. MAIDEN NAME

Helmes Bernard

16. BIRTHPLACE (city or town) (State or country)

Md -

17. INFORMANT

(Address)

Records -

18. BURIAL, CREMATION, OR REMOVAL

London PRDate 12/736

19. UNDERTAKER

(Address)

Edw. Locular2379 H. H. St.

20. DATE

12-30-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Nov 29, 1936 to Nov 30, 1936I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 140A m.

The principal cause of death and related causes of importance were as follows:

Meningitis, purulent.
C. pneumoniae probably
metastatic bilateral
Stills. Med. bilateral

Date of onset

11/28?11/15

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

11/29

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Lys. B. Edwards
Wolfe 5500 Johns Hopkins
Hospital

M. D.

Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

321801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

34-a-120
F 29552
Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 16-3 Ward)

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laney Bonner

If U.S. Veteran
specify WAR

(a) Residence: No. 1130

N. Guilmon
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed,
or Divorced (write the word)

Male

Black

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

10/12/36

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

6 weeks

15

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME

Laney Bonner

14. BIRTHPLACE (city or town)
(State or country)

N.C

15. MAIDEN NAME

Pearl Cotton

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

Reurds

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary Date 11/30/36

19. UNDERTAKER

(Address)

Rayner Sanders
1413 E. Preston St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Nov 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 25, 1936, to

Nov 27, 1936

I last saw him alive on Nov 27, 1936 Death is said
to have occurred on the date stated above, at 3:23 p.m.

The principal cause of death and related causes of
importance were as follows:

Nephritis
Hepatitis

about Nov 20
11

Other contributory causes of importance:

Congenital syphilis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? WAC Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards

(Address)

Johns Hopkins Hospital

F 29553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hopkins Hospital*CITY OF BALTIMORE: (No. *31* St. *31* Ward)Length of residence in city or town where death occurred *3* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? *19* yrs. *1* mos. *1* ds.2. FULL NAME *John R. Sanders*(a) Residence: No. *231 E. Preston St.*

(Usual place of abode)

St. *31*Ward. *31*

(If non-resident give city or town and State)

Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct-23-1933*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 *1* *1* *1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *John R. Sanders*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *John R. Sanders*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT (Address) *John R. Sanders*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *11/30/34*19. UNDERTAKER (Address) *Payson Sanders*20. FILLED *1934*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-24*, 19*34*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* therein and from the evidence obtained by said *inquest* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of *11-24-34*

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *11-24-34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Automobile*Nature of injury *Automobile*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John R. Sanders* Coroner

M. D.

(Address) *217 N. 1st St.*

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

29554
D. B. 1263-9

Cecil Cousin

F 29554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541^{W. 1} Lafayette St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 541^{W. 1} Lafayette St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31, 1910

7. AGE 26 Years Months 0 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linnchburg Va

13. NAME Lennie Cousin

14. BIRTHPLACE (city or town) (State or country) Linnchburg Va

15. MAIDEN NAME Bertha Lannick

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT

(Address) 429 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mehren O/S

Date Dec 1, 1936

19. UNDERTAKER

(Address) 429 N. Caroline St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1936

22. I HEREBY CERTIFY, That I took charge of the register described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis (Cousin)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

29555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-5 Ward 5)Registered No. 1976

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 30 yrs. 0 mos. 0 ds.If U.S. Veteran
specify WAR2. FULL NAME Karl Landgraf(a) Residence: No. 2898 St. Benedict St. St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna Landgraf
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-2-18687. AGE Years 68 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Godfrey Landgraf14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Sofie ?16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Park Date Nov 30/3619. UNDERTAKER F. B. Wipke(Address) Baltimore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936 to Nov. 27, 1936I last saw him alive on Nov. 27, 1936 Death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, general
Arteriosclerotic heart disease
myocardial infarction

Date of onset

unknown6 mo. ago4 hrs. ago

Other contributory causes of importance:

Diabetes mellitus15 yrs. agoWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical + pathological Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

H. A. De Santalle

M. D.

(Address) Baltimore City Hospitals

F 29556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp.* St. *16-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* moa. *0* ds.

2. FULL NAME

(a) Residence: No. *712 N. Gay St.* St. *16-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Annie Revty* (or) WIFE of *?* *?* *1883*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *53* Months *?* Days *?* If LESS than 1 day, *?* hra. or *?* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* *040*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hotel Belvedere*
 10. Date deceased last worked at this occupation (month and year) *Nov. 1936* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Czechoslovak*13. NAME *John Revty*14. BIRTHPLACE (city or town) (State or country) *Czechoslovak*15. MAIDEN NAME *Helen Vursta*16. BIRTHPLACE (city or town) (State or country) *Czechoslovak*17. INFORMANT *John Revty*(Address) *712 N. Gay St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Marys Cem.* Date *11/30/36*19. UNDERTAKER *Geo. F. Beyer Jr.*(Address) *1512 Hollins St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/29, 1936*22. I HEREBY CERTIFY, That I attended deceased from *11/29, 1936* to *1936*

I last saw him alive on *11/29, 1936* Death is said to have occurred on the date stated above, at *?* m.

The principal cause of death and related causes of importance were as follows:

Shock
Hg. Pt. Hemorrhage
Probable Internal
Injuries

Other contributory causes of importance:

Name of operation *?* Date of *?*What test confirmed diagnosis? *?* Was there an autopsy? *?*23. If death was due to external causes (violence) fill in also the following: *?* Date of injury *11/27, 1936*Accident, suicide, or homicide *?*Where did injury occur? *?* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *?*Manner of injury *Fell between truck & elevator*Nature of injury *Crushing injury*24. Was disease or injury in any way related to occupation of deceased? *?*If so, specify *1st time while at work*Signed *Ernest B. Wallace* M. D.(Address) *1031 St. Paul St.*

29557

F 29557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR _____2. FULL NAME Lezzie Mays(a) Residence: No. 112 S. Bond St. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of George Mays
(or) WIFE of 18956. DATE OF BIRTH (month, day, year) 18957. AGE Years 41 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) M.C.
(State or country)13. NAME Mary14. BIRTHPLACE (city or town) M.C.
(State or country)15. MAIDEN NAME Lily Creek16. BIRTHPLACE (city or town) M.C.
(State or country)17. INFORMANT George Mays(Address) 112 S. Bond St.18. BURIAL, CREMATION, OR REMOVAL nowPlace Mt Calvary Date Dec. 10, 193619. UNDERTAKER E. W. Bryan(Address) 1236 Orleans St.

20. FILED _____

19 _____

Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/36 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Inquest, Autopsy, or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Heart Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul M. Mays(Address) 1912 E. North Ave.

M. D.

Coroner

29558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29558

CERTIFICATE OF DEATH

1. PLACE OF DEATH 900 N. Macon St.

CITY OF BALTIMORE: (No.)

St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Frederick Weidner

If U.S. Veteran
specify WAR

(a) Residence: No. 900 N. Macon

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of Julia Weidner
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7, 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT Mr. Adolph Weidner
(Address) 900 N. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Dec. 2, 1936

19. UNDERTAKER George W. Ginkley
(Address) 1757 E. Edge St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1936, to November 28, 1936

I last saw him alive on November 28, 1936. Death is said to have occurred on the date stated above, at 7:10 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Interstitial Nephritis Chronic.

x Broncho Pneumonia

Date of onset
1930

1932

Nov 23

1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Frank J. Ayer
2005 E. Monument St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

29559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME *Margaret Donnelly*(a) Residence: No. *1200* *Vally* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Archibald Donnelly*6. DATE OF BIRTH (month, day, year) *1866*7. AGE *71* Years Months Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *West Virginia* (State or country)13. NAME *Matthieu Calwell*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Honora Burke*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup.* (Address) *1200 Vally St., Little Sisters of the Poor*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Cem* Date *Dec 1, 1936*19. UNDERTAKER *Margaret J. Flynn* (Address) *429 1/2 Light St*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 29, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 1931* to *Nov 29, 1936*I last saw her alive on *Nov 27, 1936* Death is said to have occurred on the date stated above, at *8:50 A* m.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

Other contributory causes of importance:

Asthma

Date of onset

Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation *Phys* Date of *20*What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *M. C. Park* M. D.(Address) *1114 1/2 1st St*

OCCUPATION is very important. See instructions on back of certificate.

29560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29560

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V-06 East 39th St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William B. Warner

If U. S. Veteran

specify WAR

(a) Residence: No. V-06 East 39th St., 9-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Anna B. Warner
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 8 18647. AGE Years 72 Months — Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. D. Kenny & Co10. Date deceased last worked at this occupation (month and year) Nov 24 1936 11. Total time (years) spent in this occupation about 3012. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Andrew Warner14. BIRTHPLACE (city or town) Baltimore Co Md (State or country)15. MAIDEN NAME Barbara Will16. BIRTHPLACE (city or town) Baltimore (State or country) md17. INFORMANT Mrs Anna B. Warner (Address) 506 E 39th street18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Dec 1 193619. UNDERTAKER Chas. H. Black (Address) 742 W. North ave20. FILED 1836 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29 193622. I HEREBY CERTIFY, That I attended deceased from 11/25 1936 to 11/29 1936I last saw him alive on 11/28 1936. Death is said to have occurred on the date stated above, at 3:41 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Left pleurisy (acute)Other contributory causes of importance:
Myocardial infarctionWas an operation performed? no Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If specify(Signed) Donald R. Anderson M. D.
(Address) 1517 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

29561

F 29561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *11* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *832 Colony Cloney St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Ophelia Smith Johnson* (or) WIFE of6. DATE OF BIRTH (month, day, year) *April 15, 1904*7. AGE Years *32* Months *7* Days *12* If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *North Carolina* (State or country)13. NAME *Unknown* 14. BIRTHPLACE (city or town) *North Carolina* (State or country)15. MAIDEN NAME *Unknown* 16. BIRTHPLACE (city or town) *North Carolina* (State or country)17. INFORMANT *Ophelia Johnson* (Address) *832 Colony St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Zion* Date *Dec 1, 1936*19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 N. Schroeder St.*20. FILED *36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 27*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 26*, 19*36* to *Nov 27*, 19*36*I last saw her alive on *Nov 27*, 19*36* Death is said to have occurred on the date stated above, at *2:35* p.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis
Pneumococcus septicaemia

Date of onset

*11-24-36**11-26-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Lumbar puncture* Date of *No*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signature) *Francis J. Schwenker* M. D. (Address) *Sydenham Hospital*

OCCUPATION is very important. See instructions on back of certificate.

29562

F 29562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH *305 Myrtle Ave 4-2*
 CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 If U. S. Veteran specify WAR _____

2. FULL NAME *Pearl Watt*
 (a) Residence: No. *305 Myrtle* St., _____ Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of *Thomas Watt* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 10, 1905*

7. AGE Years *31* Months _____ Days *18* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Abbeville S.C.* (State or country)

13. NAME *John Chikscaler*

14. BIRTHPLACE (city or town) *Abbeville S.C.* (State or country)

15. MAIDEN NAME *Sallie Alexander*

16. BIRTHPLACE (city or town) *Abbeville S.C.* (State or country)

17. INFORMANT *Thomas Watt* (Address) *305 Myrtle Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Zion* Date *Dec 2, 1936*

19. UNDERTAKER *Mrs Katie R Williams* (Address) *322 S. Schermer St.*

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936

I last saw him alive on _____, 1936. Death is said to have occurred on the date stated above, at _____ P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ M. D.

(Signed) *Wm. H. Hoag* (Address) *729 Washington Blvd.*

OCCUPATION is very important. See instructions on back of certificate.

V S 3

29563

F 29563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Alvina W. Davis

If U. S. Veteran specify WAR

(a) Residence: No. 3004 Chesterfield Ave. St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Widowed
(or) WIFE of John Davis6. DATE OF BIRTH (month, day, year) Oct. 3/19017. AGE Years 35 Months 1 Days 26 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME George Weber
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Catherine Kilbride
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Mr. John Davis
(Address) 3004 Chesterfield Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Dec 1 193619. UNDERTAKER John & Danny
(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1936 to Nov. 29 1936I last saw h. ER alive on Nov. 29 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever
Acute nephritis

Date of onset

11/23/3611/27/36

Other contributory causes of importance:

Was an operation performed? no Date of 0

For what disease or injury?

Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Sidney Kelman M. D.(Address) Sydenham Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

104 30 1026

Registrar

29564

F 29564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Hull St St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1318 Hull St St. 24 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAndrew J. Haley

6. DATE OF BIRTH (month, day, year)

April 21, 1864

7. AGE

72

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto, Md

MOTHER

13. NAME Patrick Stevens

14. BIRTHPLACE (city or town) (State or country)

Maland15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Mr. Andrew Haley(Address) 1318 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy CrossDate Dec 1

19. UNDERTAKER

Charles L. Stevens(Address) 1501 E. Pratt Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 193622. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to Nov. 28, 1936.I last saw her alive on Nov. 27, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive cardio vascular disease?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Harry Weibel

(Address)

1224-1226 Hanover St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V 9 3

29565

18094

F 29565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 12-22 Ward)

Length of residence in city or town where death occurred 1876 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Miller

(a) Residence: No. 46 Albemarle St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Barbara (D)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1846

7. AGE Years 90 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania (State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

15. MAIDEN NAME Elizabeth -unknown

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place NOV 30 1936

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1936

22. I HEREBY CERTIFY. That I attended deceased from 10-21 1936 to 11-22 1936

I last saw him alive on 11-22 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease with 3 mhr Cardiac failure Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) John L. Rainey M. D. Baltimore City Hospital

2793

29566

✓ L'()#--18903 F 29566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-2 Ward)Length of residence in city or town where death occurred N.B. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Baby Boy Williams (Mary Ella)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 1019 North Stricker St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11-22-367. AGE Years Months Days If LESS than 1 day, hrs. or min. 348. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Junius14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Mary Smith16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Records of Balto. City Hospts.
(Address)18. BURIAL, CREMATION, OR REMOVAL Nov. 30 1936
Place Univ. of Md.19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 193622. I HEREBY CERTIFY That I attended deceased from Nov 22 to Nov 22 1936I last saw him alive on Nov 22, 1936 Death is said to have occurred on the date stated above, at 7:01 P.m.

The principal cause of death and related causes of importance were as follows:

Intercranial hemorrhage

Date of onset

Other contributory causes of importance:

Third degree burns

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Emil Ladner M. D.(Address) Baltimore City Hospts

OCCUPATION is very important. See instructions on back of certificate.

2792

H

29567

F 29567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S. Conklin St., 76-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Daniel Leitner

If U. S. Veteran specify WAR

(a) Residence: No. 627 S. Conklin St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Barbara Leitner (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 15/1857

7. AGE 79 Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pen. RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Anthony Leitner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME "Albursa Herrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Joseph "inback (Address) 627 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Date Dec 1/36

19. UNDERTAKER Lilly & Zwickler Inc. (Address) 402 S. Conklin St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28/1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 to 11/28/36, 1936

I last saw him alive on 11/26/36 1/45 Pm. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis, Chronic, 1140 cadetes, Chronic, individual nephritis

Other contributory causes of importance

Cerebral Haemorrhage + Cardiac dilatation (acute)

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury due to occupation of deceased?

(Signed) J. H. Grull M. D.

(Address) 633 S. Conklin

OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

29568

1968-9

✓ F 29568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3415 Menlo Drive
 CITY OF BALTIMORE: (No. 3415 Menlo Drive St. 27-20 Ward) 131
 Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME Pasquale Maggio
 (a) Residence: No. 3415 Menlo Drive St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of Giovanna Maggio (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) March 13 1866 | | |
| 7. AGE 70 | Years 8 | Months 16 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Cefalu' Italy
 (State or country)

13. NAME Vincenzo Maggio
 14. BIRTHPLACE (city or town) Cefalu' Italy
 (State or country)

15. MAIDEN NAME Francesca Costanza
 16. BIRTHPLACE (city or town) Motta Italy
 (State or country)

17. INFORMANT Giovanna Maggio
 (Address) 3415 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL
 Place Holy Redeemer Cem. Date Dec. 2nd, 36

19. UNDERTAKER Frank Della Croce
 (Address) 52 N. Morley St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1936
 22. I HEREBY CERTIFY. That I attended deceased from Aug. 1936 to Nov. 29, 1936
 I last saw him alive on Nov. 27, 1936 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-vascular - renal Disease P

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify
 (Signed) A. A. Freeman M. D.

(Address) 2340 Eastern Place

F 29569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29569

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Westwood Ave Ward 5-6)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Alonethy Anna Kerwan

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No.

3209 Westwood Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 22 19127. AGE Years Months Days If LESS than
24 2 7 1 day. hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME Walter C Kerwin14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)15. MAIDEN NAME Annie O. Clark16. BIRTHPLACE (city or town) Redgely Md.
(State or country)17. INFORMANT Mr Walter C Kerwin
(Address) 3209 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date Dec 1 193619. UNDERTAKER William J. Turner & Sons
(Address) North & Penna Ave.

20. FILED

1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 193622. I HEREBY CERTIFY. That I attended deceased from
Oct 18 1936 to Nov. 29 1936I last saw her alive on Nov. 29 1936 Death is said
to have occurred on the date stated above, at 7:15 AM.The principal cause of death and related causes of
importance were as follows:Pulmonary Tuberculosis 10 yrs.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac C. Dickson M. D.(Address) 3055 Tr. North Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

29570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University hospital St. 17-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Moffatt

(a) Residence: No. 425 North Paca Street

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6 1883

7. AGE Years 53 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smyrna (State or country) Del.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Friend Miss Maude Ashenfelter (Address) 2610 North Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date Dec 2, 1936

19. UNDERTAKER (Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertrophied Prostate (Probably Malignant), Shock

Other contributory causes of importance:

Was an operation performed? Yes Date Nov. 28, 1936

For what disease Enlarged Prostate Retention of Urine

Name of operation Suprapubic Aspiration Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

2707 W. North St.

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

F 29571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 29571

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square* St., *22 3 28* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lillian Coats

If U. S. Veteran

specify WAR

(a) Residence: No. *1513 Pine St*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|--------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>col</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-------------------------|--------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 24 - 1914*

| | | | | |
|--------|--------------------|--------------------|-------------------|--|
| 7. AGE | Years <i>22</i> | Months <i>3</i> | Days <i>28</i> | If LESS than 1 day, hrs. or min. |
|--------|--------------------|--------------------|-------------------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home work</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>2070</i> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) *Baltimore Md*13. NAME *Nathaniel Coats*14. BIRTHPLACE (city or town)
(State or country) *Calvert Co Md*15. MAIDEN NAME *Ethel Rice*16. BIRTHPLACE (city or town)
(State or country) *Calvert Co Md*17. INFORMANT *Ethel Coats Math*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Public Cemetery* Date *NOV 30 1936*19. UNDERTAKER
(Address) *Commissioner of Health*
*Per M. A. Moore*20. FILED
1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 22 1936*22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *inquest* therein and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said *inquest* find that said deceased came
to death on the day stated above, *2 P.M.*
(Inquest, Autopsy or Inquiry)The principal cause of death and related causes of
importance were as follows:*Burned to death* *Nov 21 1936* Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? *accident* Date of injury *Nov 21 1936*Where did injury occur? *1513 Pine St*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place *Home*Nature of injury *Gas stove* *Household*24. Was disease or injury in any way related to occupation? *no*

If so, specify

(Signed) *Thos H Phillips* M. D.(Address) *1939 Edmond* Coroner

OCCUPATION is very important. See instructions on back of certificate.

29572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump St. 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Ernest Bagley. (c)

If U. S. Veteran

Specify WAR

(a) Residence: No. 102 W. York St. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|--|---|--|---|
| 3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single | |
| 3a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | |
| 6. DATE OF BIRTH (month, day, year) <u>Do not know.</u> | | | |
| 7. AGE | Years <u>40</u> | Months ----- | Days ----- |
| | | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u> | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0010</u> | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | | |
| | | | 11. Total time (years) spent in this occupation _____ |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know.
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Police Report. S. D.
(Address)18. BURIAL, CREMATION, OR REMOVAL NOV 30 1936
Place Public Cemetery Date _____19. UNDERTAKER Commissioner of Health
(Address)Per H. A. Moore20. FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Extensive burns about the body
from a fire in a shack.
Accidental death.

Other contributory causes of importance:

Was an operation performed? no

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 11/25/36Where did injury occur? Westport Dump.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public placeManner of injury Caught fire from a stove.Nature of injury Extensive burns of body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

11/25/36

(Address)

1017 S. Charles St.

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 183 St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

(a) Residence: No. Unknown

(Usual place of Abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Unknown3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 38 Months Days If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Scandinavia13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Seamus P. Pappas found a person18. BURIAL, CREMATION, OR REMOVAL NOV 30 1936
Place Public Cemetery Date19. UNDERTAKER (Address) Commissioner of Health
Per H. A. Moore20. FILED 1015 19. 1015 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably
Drowning
Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Public Health Date of Injury Nov 18, 1936
Accident, suicide, or homicide?Where did injury occur? Unknown - found at foot of Falls
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public Md.Manner of injury UnknownNature of injury Public Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Moore Coroner M. D.(Address) 1010 S. Street

OCCUPATION is very important. See instructions on back of certificate.

29574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29574

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Riverside St. 24-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 530 Riverside St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Claidy

6. DATE OF BIRTH (month, day, year)

7. AGE Years 67 Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bachman, Md.

13. NAME John Bush

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Reith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. J. A. Bush (Address) 1530 Riverside

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12/1/1936

19. UNDERTAKER (Address) 1312 E. Light

20. FILED 236 20 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Nov. 27, 1936 Death is said

to have occurred on the date stated above at 7:00 p.m.

The principal cause of death and related causes of

death were as follows: acute coronary thrombosis

Date of report 12/1/36

Other contributory causes of importance:

arteriosclerosis of coronary arteries

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) J. A. Bush M.D.

(Address) 1530 Riverside

29575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkins Ave.*)St. *25-1* Ward)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. *8* ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

*M. Orma Brown*If U.S. Veteran *No*, specify WAR

(a) Residence: No.

Linthicum Hgts.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male**White**Single*

3a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 12, 1915

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*21**4**17*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Linthicum Heights Md Maryland

FATHER

13. NAME

William L. Brown Sr

14. BIRTHPLACE (city or town) (State or country)

Howard Co. Maryland

MOTHER

15. MAIDEN NAME

Caroline V. Brown

16. BIRTHPLACE (city or town) (State or country)

Howard Co Maryland

17. INFORMANT

W. L. Brown, Jr(Address) *Linthicum Heights, Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill Cemetery* Date *Dec 2 1936*

19. UNDERTAKER

(Address)

*Thomas W. Singleton
2800 Burnside, Md.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-29-1936*

22. I HEREBY CERTIFY, That I attended deceased from

11-21-1936 to *11-29-1936*I last saw him alive on *11-29-1936* Death is saidto have occurred on the date stated above, at *11:20 P.* m.

The principal cause of death and related causes of importance were as follows:

*Rheumatic Cardiac Disease
Mitral Stenosis
Pulmonary Oedema & Bronchial
Pneumonia*

Other contributory causes of importance:

Date of onset
*1936**11-27-36*

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Is there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Thomas W. Singleton
St. Agnes Hospital*

29576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29576

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Woodbrook Ave. St. 13 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 3407 Woodbrook Ave. St. 13 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color, or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Weiss6. DATE OF BIRTH (month, day, year) Feb 17/19367. AGE Years Months Days If LESS than 1 day.....hra. or.....min. 100 9 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria13. NAME Israel Benesch14. BIRTHPLACE (city or town) (State or country) Austria15. MAIDEN NAME Don't Know16. BIRTHPLACE (city or town) (State or country) Austria17. INFORMANT Barbara Weiss (Address) 3407 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Burial Society Dec 24, 193619. UNDERTAKER (Address) J. Ahrens + Co 2932 E. Baltimore St20. FILED 11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 193622. I HEREBY CERTIFY That I attended deceased from Nov 26 to Nov 30, 1936I last saw him alive on Nov 28, 1936. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 1926
Myocarditis
Myocarditis
Other contributory causes of importance:
MyocarditisWas an operation performed? No Date ofFor what disease or injury? MyocarditisName of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William G. Gorb M. D.1840 E. Bayview Ave. Pkwy

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

29577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1405 Eutaw Place* St. *4* Ward)Registered No. *94-13*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1405 Eutaw Place* St. *4* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Louise M. Byrne*6. DATE OF BIRTH (month, day, year) *Nov 4 1881*7. AGE *55* Years *0* Months *25* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Physician* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *05* 10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation *05* 12. BIRTHPLACE (city or town) *Chahome* (State or country) *Miss*13. NAME *Charles R. Byrne* 14. BIRTHPLACE (city or town) *Miss* (State or country)15. MAIDEN NAME *Helen Metcal* 16. BIRTHPLACE (city or town) *Miss* (State or country)17. INFORMANT *Louise M. Byrne* (Address) *704 Deepdene Road*18. BURIAL, CREMATION, OR REMOVAL *Interment* Date *12/1/36* 1919. UNDERTAKER *Bernard A. Smith* (Address) *6411 Belair Road*20. FILED *1936* 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 29 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry) to find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: *1230 am**Coronary Thrombosis* Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *O'Hara* Coroner M. D.(Address) *1215 Hazzard Ave*

OCCUPATION is very important. See instructions on back of certificate.

F 29578

F 29578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Broadway St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 727 S. Broadway St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
abt 55-608. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as mill, saw mill, etc. Off shg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 727 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Russian

Date Dec 10 1936

19. UNDERTAKER

(Address) 2435-35 S. Calver St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

asphyxia from illuminating gas

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury Nov 17, 1936

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury asphyxia

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1010 S. Edmond

Coroner

M. D.

✓ F 29579

29579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Broadway St., 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theobald Verlas

If U. S. Veteran

specify WAR

(a) Residence: No.

127 S. Broadway

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anthony P. Rogers (Address) 727 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place unknown Date Dec 17, 1926

19. UNDERTAKER John C. Miller (Address) 2235-25 E. Eversat

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

asphyxia from illuminating gas

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury 11/17, 1926

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at his home

Manner of injury in gas

Nature of injury asphyxia

24. Was disease or injury in any way related to occupation of deceased?

(Signed) A. W. Wright M. D. (Address) 10105, Baltimore

Coroner

OCCUPATION is very important. See instructions on back of certificate.

29580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29580

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Monument St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1221 Monument St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cx 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-10-1899

7. AGE Years 37 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Glenn

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eda Oggs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Settefield (Address) 1221 Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/1/36

19. UNDERTAKER (Address) 116 E. ...

20. FILED 21. 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936 to Nov 28, 1936

I last saw her alive on Nov 27, 1936 Death is said to have occurred on the date stated above, at 230A m.

The principal cause of death and related causes of importance were as follows:

Cerebral lobes pneumonia Date of onset Nov 24 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen M. D.

(Address) 501 ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29581

F 29581

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502-E. Hoffman Street St. 9-7 Ward)

Length of residence in city or town where death occurred 1 life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George Weber

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 1502-E. Hoffman Street St. Ward.

(Usual place of abode)

If U.S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Mary M. (Weber) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/26/1893

7. AGE 43 Years 3 Months 30 Days If LESS than 1 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Conrad Weber

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary M. Herrmann

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Mary M. Weber (Address) 1502-E. Hoffman Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer 12/1/36

19. UNDERTAKER George J. Ruth, Inc. (Address) 1835-Harford Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 27, 1936

22. I HEREBY CERTIFY That I attended deceased from July 20, 1936 to Nov. 27, 1936

I last saw him alive on Nov. 27, 1936. Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis & Insufficiency
Aortic Insufficiency
Hepatic Cirrhosis
Nephritis & Hypertension

Other contributory causes of importance:

Date of onset
1935
1935
1935
1935

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Harry Linden
116 S. Broadway

M. D.

M. D. B. 1261-9
29582

F 29582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial 27-10* Ward)Registered No. *209-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martina Flaherty

If U. S. Veteran specify WAR

(a) Residence: No. *819 Belgian* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of *Charles P. Flaherty* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 17, 1860*7. AGE Years *76* Months *8* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Hayes*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *S'Drury*16. BIRTHPLACE (city or town) *France* (State or country)17. INFORMANT *Louis C. Flaherty* (Address) *819 Belgian*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *12/11/1936*19. UNDERTAKER *L. Vernon Lemmon* (Address) *3411 Ph. 1495*

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 28, 1936*

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in (Inquest, Autopsy, Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to this death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull Date of onset *10-28-36*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury *10-28-1936*Where did injury occur? *Public Place* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury *Struck by Street Car*Nature of Injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *L. Vernon Lemmon* M. D. Coroner(Address) *3411 Ph. 1495*

F 29583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29583

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *A-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Lackey

If U.S. Veteran

specify WAR

(a) Residence: No. *29 W. Preston St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 21, 1868*7. AGE Years *68* Months *3* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Hagerstown Md* (State or country)13. NAME *Henry Lackey*14. BIRTHPLACE (city or town) *Hermany* (State or country)15. MAIDEN NAME *Mary Buser*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Hospital Records*18. *Rock Spring* FOR REMOVALPlace *Crofton Md.* Date *Dec 3* 19*36*19. UNDERTAKER *Dean Water* (Address) *Bel Air Md*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov. 30* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 24* 19*36* to *Nov. 30* 19*36*I last saw her alive on *Nov. 30* 19*36* Death is said to have occurred on the date stated above, at *6.30 P.m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*Date of onset *11/24*

Other contributory causes of importance:

Bronchopneumonia 4 da.
*Hypertensive Cardiovascular disease 10 yrs?*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. Freeman

M. D.

(Address)

Mary Hosp.

29584

F 29584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL St. HOSP. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Mr GUY CLEMENT ARMSTRONG(a) Residence: No. 2304 ROSEDALE ST. St., City Ward, World War
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Ruth C. Armstrong
~~WIFE of~~6. DATE OF BIRTH (month, day, year) Mar 17th 18897. AGE Years 47 Months 8 Days 13 If LESS than 1 day, hrs. of min. 158. Trade, profession, or particular kind of work done, e.g., farmer, lawyer, bookkeeper, etc. Chief of Medical R.S.
9. Industry or business in which work was done, e.g., silk mill, saw mill, bank, etc. Edgewood
10. Date deceased last worked in this occupation (month and year) 10/30/36
11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Columbus (State or country) Ohio13. NAME James L. Armstrong14. BIRTHPLACE (city or town) Ohio (State or country)15. MAIDEN NAME Flora J. Cooke16. BIRTHPLACE (city or town) Ohio (State or country)17. INFORMANT Ruth C. Armstrong (Address) 2304 Rosedale St.18. BURIAL, CREMATION, OR REMOVAL Union Memorial Place Columbus Ohio Date Dec 2nd 193619. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.20. FILED 1217 St. Paul St. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 193622. I HEREBY CERTIFY, That I attended deceased from 11/24, 1936, to 11/30, 1936I last saw him alive on 11/30, 1936 Death is said to have occurred on the date stated above, at 2:32 P.m.

The principal cause of death and related causes of importance were as follows:

Malignant hypertension with Cardio-vascular renal failure + Terminal
Other contributory cause of importance: Uremia

Date of onset

1934

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) L. Claggett Reed M. D.(Address) Union Memorial Hosp.

F 29585

F 29585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *819 N. Eden St.* Ward *10-2*)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth *Life* mos. ds. If U. S. specify *AK*

2. FULL NAME

(a) Residence: No. *819 N. Eden St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed or divorced *Married* (or) WIFE of *George Bryant*6. DATE OF BIRTH (month, day, year) *March 8-1869*7. AGE Years *67* Months *8* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife at home* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Stencher*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Edith Y. Jessup* (Address) *819 N. Eden St.*18. BURIAL, CREMATION, OR REMOVAL *London Park* Date *12/2/36*19. UNDERTAKER *William Cook* (Address) *1217 E. Paul St.*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/30/36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 25* 19*36* to *Nov 30* 19*36* I last saw h. alive on *Nov 30* 19*36* Death is said to have occurred on the date stated above, at *9 a.m.*The principal cause of death and related causes of importance were as follows: *Pneumonia*Other contributory causes of importance: *Cardiac Exhaustion*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Physical signs* Date ofWhat test confirmed diagnosis? *no* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no specify *F. E. Jones* M. D.(Address) *1301 N. Paul St.*

OCCUPATION is very important. See instructions on back of certificate.

F 29586 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29586

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.
 CITY OF BALTIMORE: (No. St. 12-3 Ward)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME Charles Lamb
 (a) Residence: No. 337 East 25th St. St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race white 5. Single, Married, Widowed, or Divorced single
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
 6. DATE OF BIRTH (month, day, year) April 15, 1896
 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 40 7 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper man
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John C. Lamb

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Ida Clark

16. BIRTHPLACE (city or town) Carroll Co., (State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 15, 1936

19. UNDERTAKER Mrs. Cook (Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1936 to November 28, 1936

I last saw him alive on November 28, 1936 Death is said to have occurred on the date stated above, at 6:55p m.

The principal cause of death and related causes of importance were as follows:

Nephritis, interstitial, chronic 20 yrs.
 Arteriosclerosis, general 15 yrs.
 Uremia, acute 3 wks.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clin. ind. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) R. Lawrence M. D. (Address) U.S. Marine Hospital Baltimore, Md.

F 29587

F 29587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *625 E. St. Johns* St., *82-c* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *2631 St. Paul* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* Color or Race *White* Single, Married, Widowed, Divorced (write the word) *Married*
 5a. If married, widowed, or divorced, name of husband or (or) WIFE of *Clinton Larrabee*

6. DATE OF BIRTH (month, day, year) *Sept 26 1856*

7. AGE *80* Years *2* Months *3* Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
 10. Date deceased last worked at this occupation (month, day, year) *1935* 11. Total time (years) spent in this occupation *50*

12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *George W Hedley*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Ephraim Stewart*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Isabella Hedley*
(Address) *2631 St Paul St*18. BURIAL, CREMATION, OR REMOVAL *Buried* Date *12/1 36*19. UNDERTAKER *William Cooke*
(Address) *1217 St Paul St*

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 29, 1936*22. I HEREBY CERTIFY. That I attended deceased from *June 26, 1933* to *November 28, 1936*I last saw him alive on *November 19, 28* Death is said to have occurred on the date stated above, at *10:45 A* m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Other contributory causes of importance:

*Cerebral Softening**(Terminal Pneumonia)*Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation *Clinical examination* Date of _____What test confirmed diagnosis? *No* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *George W Hedley*(Address) *2435 Gary Lane Dr*

M. D.

F 29588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29588

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 W 29th St. St. 12-7 Ward)Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Dorothy Taylor(a) Residence: No. 408 W 29th St. St. 12-7 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Taylor6. DATE OF BIRTH (month, day, year) Feb 2, 19127. AGE Years 24 Months 23 Days 26 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) md. (State or country)13. NAME Wm. D. Sherman 14. BIRTHPLACE (city or town) md. (State or country)15. MAIDEN NAME Emma M. Berwager16. BIRTHPLACE (city or town) md. (State or country)17. INFORMANT Wm. D. Sherman (Address) 408 W 29th St.18. BURIAL, CREMATION, OR REMOVAL md. Greenmount Cemetery Date Dec 1, 193619. UNDERTAKER Chenoweth Son (Address) 3615-17 Chestnut Ave.20. FILED 100 Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Nov 28, 193622. I HEREBY CERTIFY. That I attended deceased from May 15, 1936 to Nov 28, 1936I last saw her alive on Nov 28, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1934

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Arthur J. Pajiez M. D.(Address) 800 W 33rd St.

29589

15523

F 29589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME George Anderson(a) Residence: No. 3532 Buena Vista St. St. 13-8 Ward. (If non-resident give city or town and State)
(Usual place of abode) 1821 W. Pratt St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Sarah Anderson (or) WIFE of6. DATE OF BIRTH (month, day, year) 10-5-18687. AGE 67 Years 1 Months 25 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) 5/10/36 11. Total time (years) spent in this occupation 50 yrs12. BIRTHPLACE (city or town) Va. (State or country)13. NAME John (Dead) Anderson14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME Sarah (Dead) Unknown16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT B. C. H. Records (Address) 3532 Buena Vista St.18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Date 12/1/3619. UNDERTAKER Howard H. Blight (Address) 1914 Belair Rd.20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 193622. I HEREBY CERTIFY, That I attended deceased from 8-8, 1936 to 11-30, 1936I last saw him alive on 11-30, 1936 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Rebel DiseaseDate of onset unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

John I. Ramey
Baltimore City Hospital

F 29590

M. D. D. 12000

F 29590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *816 Stricker St.* Ward *16-2*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. *816 Stricker* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Col.</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>11</i> | | |

6. DATE OF BIRTH (month, day, year) *Sept 27 1934*

| | | | | |
|----------|----------|----------|----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| <i>1</i> | <i>2</i> | <i>2</i> | <i>2</i> | |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | 11. Total time (years) spent in this occupation <i>none</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Louis Cliphart*14. BIRTHPLACE (city or town) *Edgefield, S. C.*
(State or country)15. MAIDEN NAME *Emmie Brown*16. BIRTHPLACE (city or town) *Edgefield, S. C.*
(State or country)17. INFORMANT *Emmie Cliphart, mother*
(Address) *816 Stricker St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Zion* Date *Dec 1, 1936*19. UNDERTAKEN *Mrs. Katie R. Williams*
(Address) *322 S. Schermer St.*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 29, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ (Inquest, Autopsy or Inquiry) _____

I find that said deceased came _____ (Inquest, Autopsy or Inquiry) _____

The principal cause of death and related causes of importance were as follows: *1030 am.**Branchial pneumonia.*

Other contributory causes of importance:

Cold & Bronchitis.

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation, of deceased? _____

If so, specify _____

(Signed) *W. H. H. H.*(Address) *1215 Howard St.*

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

29591 HEALTH DEPARTMENT—CITY OF BALTIMORE 29591

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Hollins St. 19-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rouisa S. Wehe or Wayner

(a) Residence: No. 1632 Hollins St St., 19-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed or divorced HUSBAND of Gustav S. Wehe (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5-1872

7. AGE Years 64 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Henry Stopenhorst

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown Russell

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Gustav Wehe (Address) 1632 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Bur Date 12-3/36

19. UNDERTAKER Geo. L. Beyer Jr (Address) 1512 Hollins St

20. FILED 1536 19 12 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 to Nov 30 1936

I last saw de alive on Nov. 30 1936 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation Date of onset 2 hrs

Other contributory causes of importance:

Chronic myocarditis
Chronic Cholecyctitis 5 yrs

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home; or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Chas. H. Jackson M. D. (Address) 4 N. Jackson

F 29592

18648

F 29592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1886 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Emma Urban or UrbanavicieneU.S. Veteran
specify WAR(a) Residence: No. 437 S. Paca St. St. 60 Ward. 60
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1864 ?7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72-?8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation about12. BIRTHPLACE (city or town) Lithuania
(State or country)FATHER 13. NAME Charles Zel is
14. BIRTHPLACE (city or town) Lith.
(State or country)MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Lith.
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)18. BURIAL, CREMATION, OR REMOVAL London Park Date Dec. 2, 3619. UNDERTAKER John S. Grebliauskas
(Address) 423 S. Paca St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 193622. I HEREBY CERTIFY, That I attended deceased from 11-12, 1936, to 11-30, 1936I last saw her alive on 11-30, 1936. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal, 3 yrs. Disease, with failure

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John L. Rainey
Baltimore City Hospital

F 29593

F 29593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Beaumont ave St. 27-10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Barbara Spencer Miles

If U. S. Veteran

specify WAR _____

(a) Residence: No. 808 Beaumont ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow5a. If married, widowed, or divorced
HUSBAND of Charles Howard Miles
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug 12 18627. AGE Years 74 Months 3 Days 17 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town), Baltimore
(State or country) and13. NAME William Henry Spencer14. BIRTHPLACE (city or town), England
(State or country)15. MAIDEN NAME Elizabeth Blake Miles16. BIRTHPLACE (city or town), Calvert Co. Md
(State or country)17. INFORMANT Mrs Lueria C Shaw
(Address) 602 Hallen Road18. BURIAL, CREMATION, OR REMOVAL
Presbyterian Cemetery Dorcas Date Dec 1, 193619. UNDERTAKER Chas. S. Black
(Address) 742 W. North ave

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-3622. I HEREBY CERTIFY. That I attended deceased from Sept. 1, 1936, to Nov. 24, 1936.I last saw her alive on Nov. 29, 1936 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy & Dilatation Failure
Cardiac Infarct
Hypertension

Date of onset _____

Other contributory causes of importance:

Diabetes mellitusWas an operation performed? No Date of _____For what disease or injury? No

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Benjamin Cohen M. D.(Address) Marthaugh Apt

M. D. B. 1268-8
29594

F 29594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wash. Path. General Hospital*)Length of residence in city or town where death occurred *1 yr.* yrs. *7* mos. *12* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3922 W. Garrison Ave.*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Infant</i> | | |

6. DATE OF BIRTH (month, day, year) *Nov 22, 1936*

| | | | | |
|--------|-------|--------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | | | <i>7</i> | |

| | | |
|------------|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | 11. Total time (years) spent in this occupation <i>000</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Edward C. Losh*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Catharine Puster*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Edward C. Losh*(Address) *3922 W. Garrison Ave.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Edith E. Peugay*(Address) *440 E. 41st St.*20. FILED *1236*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 29, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) *3 per.*
discuss and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Enter Cerebral Hemorrhage

Other contributory causes of importance

Probably caused by farapod delirium

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Harry*(Address) *1215 Hanover*

Coroner

M. D.

F 29595

F 29595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E. 29th St. St. 9-6 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary McEvey

If U. S. Veteran

specify WAR

(a) Residence: No. 1715 E. 29th St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of John J. McEvey (or) WIFE of6. DATE OF BIRTH (month, day, year) October 18, 18577. AGE Years 79 Months 1 Days 18 11 if LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME Thomas Brady14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Catherine Saffery16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Mrs. James Logue (Address) 1715 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 2, 193619. UNDERTAKER Sylvia Wiedefeld (Address) 414 Greenbank Ave.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry)obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of NoWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul O'Shaughnessy Coroner M. D.(Address) 1919 E. North Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

29596

HEALTH DEPARTMENT—CITY OF BALTIMORE RE 29596

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 McCulloh St., 11-4 Ward)

Registered No. 92-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1128 McCulloh St., 11-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Col. Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Consey

6. DATE OF BIRTH (month, day, year) 1893 11 11

7. AGE 43 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

13. NAME John Consey

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

15. MAIDEN NAME Susan Consey

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT (Address) 1128 McCulloh St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Peter's Cemetery Date Dec. 2, 1936

19. UNDERTAKER (Address) G. Nelson 1300 Chestnut St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: 94 mi

Sclerotic heart lesion

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. M. D.

(Address) 215 Hanover St. Coroner

29597

F 29597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital*)Registered No. *82 W*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5 yrs* mos. *0* ds. How long in U. S. If of foreign birth? *5 yrs* mos. *0* ds.

2. FULL NAME

Carrie Brozden

If U. S. Veteran

specify WAR

(a) Residence: No. *1315 Madison Avenue*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Negro</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Edgar Brozden</i> | | |

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|--------------------|--------|------|--|
| 7. AGE | Years <i>49</i> | Months | Days | If LESS than 1 day, <i>0</i> hrs. or <i>0</i> min. |
|--------|--------------------|--------|------|--|

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Domestic</i> | 11. Total time (years) spent in this occupation <i>27</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country)
Baltimore Md

| | |
|--------|---|
| FATHER | 13. NAME <i>Joseph S. Smith</i> |
| | 14. BIRTHPLACE (city or town) (State or country) <i>Winchester W. Va</i> |

| | |
|--------|---|
| MOTHER | 15. MAIDEN NAME <i>May M. Johnson</i> |
| | 16. BIRTHPLACE (city or town) (State or country) <i>Md</i> |

17. INFORMANT
(Address) *Patricia Brozden 1315 Madison Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Auburn* Date *12/1/36*19. UNDERTAKER
(Address) *Thomas E. Kelson 1303 Presstman St.*20. FILED
19 *16* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11. 22. 1936*22. I HEREBY CERTIFY, That I attended deceased from *11. 22. 1936* to *11. 27. 1936*I last saw her alive on *11. 27. 1936* Death is said to have occurred on the date stated above, at *4:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

11. 22. 36

Other contributory causes of importance:

Pulmonary edema

Date of onset

*11. 26. 36*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. P. Carr, 515 Mosher St.

M. D.

29598 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29598

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *36-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

William Anthony Horak(a) Residence: No. *3002 Kenyon Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Elizabeth Horak*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 1, 1898*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 *6* *18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)13. NAME *Anthony Horak*14. BIRTHPLACE (city or town) *Unknown*
(State or country)15. MAIDEN NAME *Mary C. Steele*16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *Elizabeth Horak*
(Address) *3002 Kenyon Ave.*18. BURIAL, CREMATION, OR REMOVAL
*Catholic Burial - Dec 2-36*19. UNDERTAKER *For J. J. ...*
(Address) *3001 Kenyon Ave*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 29, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *custody* thereon and from the evidence obtained by said *autopsy* (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis

Date of onset

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul P. Schuber

M. D.

(Address) *1919 E. North Ave*

City

18250

29599

HEALTH DEPARTMENT—CITY OF BALTIMORE 29599

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore, City Hospital St. 76-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Zinkand

U S Veteran

specify WAR

(a) Residence: No. 3401 Boston St.

St., Ward,

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary (Dead)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-15-18547. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Nicholas14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Ch. Dec 2- 3019. UNDERTAKER John. R. McLean
(Address) 3000 E. Baltimore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29, 193622. I HEREBY CERTIFY, That I attended deceased from 10-27, 1936 to 11-29, 1936I last saw him alive on 11-29, 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Empyema of gall-bladder Date of onset 2 mo

Other contributory causes of importance:

Subdiaphragmatic abscess 1 1/2 moWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? autopsy autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

(Address)

J. H. Hooper, M.D.
Balt City Hosp.

29600

✓ F 29600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *834 Hollins* St., *18-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *46* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *46* yrs. *0* mos. *0* ds.

2. FULL NAME

*Anthony N. Asbut*If U. S. Veteran
specify WAR(a) Residence: No. *834 Hollins* St., *18-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Barbara J. Asbut*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 9th 1877*7. AGE Years *59* Months *6* Days *31* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *as 80*
10. Date deceased last worked at this occupation (month and year) *as 80*
11. Total time (years) spent in this occupation *as 80*12. BIRTHPLACE (city or town) (State or country) *Lithuanian*13. NAME *Anthony N. Asbut*14. BIRTHPLACE (city or town) (State or country) *Lithuanian*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Lithuanian*17. INFORMANT *Mrs. Barbara J. Asbut*
(Address) *834 Hollins St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *12/2/36*19. UNDERTAKER *John J. Bowman & Son*
(Address) *901 Hollins St.*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/30/1936*22. I HEREBY CERTIFY, That I attended deceased from *April* 193*6* to *November* 193*6*last saw him alive on *November 29, 1936* Death is said to have occurred on the date stated above, at *12¹⁵ A.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis -
Uremia*Date of onset
*1934
October*

Other contributory causes of importance:

Terminal Broncho Pneumonia *Sdcs*Was an operation performed? *no* Date of *—*For what disease or injury? *—*Name of operation *Cliv.* Date of *—*What test confirmed diagnosis? *Cliv.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *John J. Bowman* M. D.(Address) *37 S. Stricker St.*

F 29601

✓ F 29601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Fleet Street St. 1-3 Ward)

Length of residence in city or town where death occurred unknown yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME Katarzyna Prajs(Or Price)

(a) Residence: No. 2616 Fleet Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept, 28th, 1876

7. AGE 60 Years 2 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Frank J. Smyka 14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Elizabeth Zygmunt 16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Stella Pajtis (Daughter)

(Address) 419 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Dec, 3rd 1936

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1 26 30 36 I last saw him alive on 10/20/36 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Semi-acute meningitis Chronic Nephritis Date of onset Oct 1-26

Other contributory causes of importance:

Acute Cardiac Dehydration

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. J. Pajtis M. D.

(Address) 705 S. Ann St

F 29602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29602

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 M. E. Church St., 14-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2113 M. E. Church St., Ward. (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2. 4. Color or Race R. 5. Single Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Shipley

6. DATE OF BIRTH (month, day, year) Feb 1876 7. AGE 60 Years 9 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME John Shipley 14. BIRTHPLACE (city or town) (State or country) Balt., Md.

15. MAIDEN NAME Maheta Moore 16. BIRTHPLACE (city or town) (State or country) Balt., Md.

17. INFORMANT Joseph Shipley (Address) 2113 M. E. Church St.

18. BURIAL, CREMATION, OR REMOVAL Placed in Auburn Cem. Dec 1 '36

19. UNDERTAKER Mrs. Geo. H. Hallard (Address) 1631 Avenue Hill Ave

20. FILED 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/21/36, 19 to 11/23/36, 19

I last saw him alive on 11/21/36, 19. Death is said to have occurred on the date stated above, 11/23/36, 19.

The principal cause of death and related causes of importance were as follows: Apoplexy, hypertensive, hyperostosis

Other contributory causes of importance: Some undetermined

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? There was no autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. King, M. D. (Address) 524 N. W. Ave

OCCUPATION is very important. See instructions on back of certificate.

29603 HEALTH DEPARTMENT—CITY OF BALTIMORE 29603

CERTIFICATE OF DEATH

Registered No. 157-c
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2745-E, Biddle St. 8th Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edward Philmon Guttridge
(a) Residence: No. 2745-E, Biddle St. 8th Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color of Race: white
5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 10/10/1936

7. AGE: Years 1, Months 1, Days 20
If LESS than 1 day, hr. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Edw. T. Guttridge

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Edw. T. Guttridge

(Address) 2745-E, Biddle St.

18. BURIAL, CREMATION, OR REMOVAL: 12/1/36

Place: Greenmount

19. UNDERTAKER: George J. Ruth

(Address) 1234 E. Baltimore St.

20. FILED: 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/30/1936

22. I HEREBY CERTIFY, That I attended deceased from 11/28/36 to 11/30/36

I last saw him alive on 11/29/36. Death is said to have occurred on the date stated above, at 4:20 am.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset: 11/23/36

Other contributory causes of importance:

Congenital heart malformation

Was an operation performed? No

For what disease or injury?

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Arthur P. Schenck M. D.
(Address) 2939 The Olney St.

Registrar

29604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E 29604

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Ashland Ave. St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2426 Ashland Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary De Oms

6. DATE OF BIRTH (month, day, year) Oct. 16, 1864

7. AGE Years 72 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. paper hanger 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house 10. Date deceased last worked at this occupation (month and year) Dec. 1, 1904 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Bohemia (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. G. De Oms (Address) 2426 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place, Bath. Cemetery Date Dec. 3, 1904

19. UNDERTAKER (Address) 7111 Baltimore Rd

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1904

22. I HEREBY CERTIFY. That I attended deceased from Nov 16 to Nov 30, 1904

I last saw him alive on Nov 30, 1904. Death is said to have occurred on the date stated above, at 11:42 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Hypostolic

Date of onset

Nov 30

Other contributory causes of importance:

Dislocation of left shoulder Aug 12

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1904

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William J. Ryan M.D. (Address) 801 E. Kenwood

29605

F 29605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Christian St. St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

2. FULL NAME

Henry Geldmacher

specify WAR

(a) Residence: No.

1907 Christian St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Emma F. Geldmacher
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1858.

| | | | | |
|--------------|------------|--------------|-----------|--|
| 7. AGE 78 | Years 4 | Months 25 | Days 1 | If LESS than 1 day, hrs. or min. |
|--------------|------------|--------------|-----------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hair Spinner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Frederick Geldmacher

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mae Krans

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Harry M. Geldmacher
(Address) 1907 Christian St.18. BURIAL, CREMATION, OR REMOVAL
Place Western19. UNDERTAKER Harry H. Wipke
(Address) 4101 E. Johnson Ave.

20. FILED 1-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1936, to Nov. 28, 1936.

I last saw him alive on Nov. 28, 1936. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerotic
cardio-vascular
disease

Date of onset

1 yr
20

Other contributory causes of importance:

acute cerebral degeneration

1 day
20

Was an operation performed? no

Date of

For what disease or injury?

Name of operation none
Clinical findings

Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Benjamin Miller

M. D.

(Address) 2030 Wilkens Ave

29606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 W. Lombard St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William H. Barnes

If U.S. Veteran
specify WAR(a) Residence: No. 1831 W. Lombard St.
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced
HUSBAND of Emma L. Barnes
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 21, 1855

7. AGE Years 81 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) July 1929 11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Barnes

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Virginia Kruehmel
(Address) 1831 W. Lombard St.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Dec. 2, 193619. UNDERTAKER
(Address) 1003 W. Baltimore St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 1935 to Nov. 30, 1936I last saw him alive on Nov. 30, 1936 Death is said
to have occurred on the date stated above, at 11:20 A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

2757 W. North Ave.

M. D.

29607

✓ F 29607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name *Simi Hospital 72-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *634 Portland St.* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Oct 20, 1936*

| | | | | |
|--------|----------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>0</i> | <i>1</i> | <i>11</i> | <i>7</i> |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0000*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Mary Cohen*14. BIRTHPLACE (city or town) (State or country) *Boston Mass*15. MAIDEN NAME *Bessie Pomeroy*16. BIRTHPLACE (city or town) (State or country) *Prussia*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *At Cemetery* Date _____ 19____19. UNDERTAKER *Jack Lewis Inc*
(Address) *1437 E. Baltimore St*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 1*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 25*, 19 *36* to *Dec 1*, 19 *36*I last saw him alive on *Dec 1*, 19 *36* Death is said to have occurred on the date stated above, at *4:40 A.M.*

The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia*Date of onset *Dec. 4*

Other contributory causes of importance:

*Respiratory Insufficiency
Pulmonary Edema*Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

*Daniel Wilson
Simi Hospital*

M. D.

(Address)

9668-9

✓ F 29608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hapt* St. *11-1* Ward)Length of residence in city or town where death occurred *30* yrs. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1115 N. Calvert* St. *Ward* *Washington 86*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *94-13*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *46* Months Days If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Restaurant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Bus*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Ben Clipper*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Hosp. Record*
(Address)18. BURIAL, CREMATION, OR REMOVAL Place *Not Buried* Date *12/1/36* 1919. UNDERTAKER *Paul Lewis Inc.*
(Address) *1439 E. Calvert St.*

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-29-36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date ofFor what disease or injury? *No*Name of operation Date of *No*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* Coroner M. D.(Address) *1419 E. North Ave.*

29609

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29609

82-a

1. PLACE OF DEATH *Aged Woman's Home*
 CITY OF BALTIMORE: (No. *1404 W. Lexington* St., *14-2* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Georgiana Blacum*

(a) Residence: No. *1404 W. Lexington* St., _____ Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 29, 1850*

7. AGE Years *86* Months *2* Days *1* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Virginia*
 (State or country)

FATHER

13. NAME *John M. Blacum*

14. BIRTHPLACE (city or town) *Unknown*
 (State or country)

MOTHER

15. MAIDEN NAME *Margaret Barrett*

16. BIRTHPLACE (city or town) *Unknown*
 (State or country)

17. INFORMANT *Mary E. Forestal*

(Address) *1400 W. Lexington St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Olivet* Date *Dec 1*, 1936

19. UNDERTAKER *Vernon Rechner*

(Address) *2351 Edmondson Ave*

20. FILED *1936*

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 30, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1927*, 19____ to *November 30, 1936*

I last saw her alive on *November 29, 1936* Death is said to have occurred on the date stated above, at *6 A. m.*

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

11/27
1936

Other contributory causes of importance:

Arterio-sclerosis
Hypertension.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Edwin B. Carroll*

(Address) _____

M. D.

29610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29610

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward *131*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Fanny Tracy*If U. S. Veteran
specify WAR _____(a) Residence: No. *2915 Greenmount Ave.*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Emanuel Tracey*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 26, 1865*7. AGE Years *70* Months *11* Days *4* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Md.*
(State or country) *Maryland*FATHER 13. NAME *James Baker*
14. BIRTHPLACE (city or town) *Maryland*
(State or country)MOTHER 15. MAIDEN NAME *Sarah J.*
16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Mrs. E. Street*
(Address) *Parkton, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Stabroville, Balto.* Date *12/2/1936*19. UNDERTAKER *E. Leroy & Tiffley, Inc.*
(Address) *125 E. North Ave.*20. FILED *1-1936*

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-30-36*, 1922. I HEREBY CERTIFY. That I attended deceased from *11-14-36*, 19, to *11-30-36*, 19.I last saw her alive on *11-30-36*, 19. Death is said to have occurred on the date stated above, at *7:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cardiovascular and Arterial Disease
Hypertension*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Stephens*

M. D.

(Address) *Med. Gen. Hosp.*

29611

✓ F 29611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6
 CITY OF BALTIMORE: (No. _____ St. _____ Ward _____) Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 If U. S. Veteran specify WAR _____

2. FULL NAME Karl Sjo

(a) Residence: No. _____ None _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec. 10, 1891

7. AGE Years 11 Months 11 Days 17 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wiper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
 10. Date deceased last worked at this occupation (month and year) 10-17-36
 11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (city or town) Stockholm
 (State or country) Sweden

13. NAME Karl Sjo
 14. BIRTHPLACE (city or town) Stockholm
 (State or country) Sweden

15. MAIDEN NAME Anna ??
 16. BIRTHPLACE (city or town) Stockholm
 (State or country) Sweden

17. INFORMANT Records, U.S. Marine Hospital
 (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Marys, Hampden Dec. 1, 1936

19. UNDERTAKER E. Leroy Stiffles, Inc.
 (Address) 125 E. North Ave.

20. FILED 1936 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1936 to November 27, 1936

I last saw him alive on November 27, 1936. Death is said to have occurred on the date stated above, at 5:33 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, chronic, glomerular

Date of onset

1935

Other contributory causes of importance:

Uremia, acute

11-24

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____ Date of _____
 What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) T. M. H. a. d. _____ M. D.

(Address) U.S. Marine Hospital

29612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29612

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Fleet

St. 2-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 15 yrs. mos. ds.

2. FULL NAME Kazmierz Jonczak

U. S. Veteran

specify WAR

(a) Residence: No. 1908 Fleet

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Widower |

5a. If married, widowed, or divorced
 HUSBAND of Ksawera Jonczak
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4 1867

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 69 | 7 | 8 | 25 | |

| | | |
|------------|---|-------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Labor |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME George Jonczak

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs. Paul Wolinski
(Address) 1908 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 2 1936

19. UNDERTAKER John W. Weber
(Address) 401 A Chester St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov. 22 1936, to Nov. 29 1936.

I last saw him alive on Nov. 29 1936. Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease.
Hypertension

Date of onset

?

Other contributory causes of importance:

Acute cardiac dilatation

11/29/36

Was an operation performed? no Date of

For what disease or injury? ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Joseph Pokorny

2200 E Madison St

M. D.

F 29613 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 Camp St. 12-4 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 347 Camp

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 2-19357. AGE Years 1 Months 6 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Data deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME Robert Williams
14. BIRTHPLACE (city or town) Washington D C
(State or country)15. MAIDEN NAME Ellanora Kelly
16. BIRTHPLACE (city or town) Balto Md
(State or country)17. INFORMANT Robert Williams
(Address) 347 Camp St18. BURIAL, CREMATION, OR REMOVAL
Place St Calvary Date Dec. 2 193519. UNDERTAKER Rayner Sander
(Address) 1415 E Presley St

20. FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Broncho
pneumonia

Date of onset

11
25
1936

Other contributory causes of importance:

PertussisWas an operation performed? none Date of

For what disease or injury?

Name of operation History Date ofWhat test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George P. Allen
507 Reservoir St

M. D.

29614

✓ F 29614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. East Ave. St. 26-10 Ward)

Registered No. 124-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE WELTZ

U. S. Veteran

specify WAR

(a) Residence: No. 40 S. East Ave. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Madeline Weltz (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 7. 1871

7. AGE Years 35 Months 7 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restauranteer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Oct. 1936 11. Total time (years) spent in this occupation 4 YRS

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Conrad Weltz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Riess

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Madeline Weltz (Wife) (Address) 40 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Date Dec. 2, 1938

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1936 to Nov. 29th 1936

I last saw him alive on Nov. 29, 1936. Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular Purulosis. c. Hypertension. Cirrhosis of liver. Ascites

Date of onset

1936

1936

1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) 2 Market St., Baltimore, Md.

1936

29615

18914

✓ F 29615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. 17-7 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William Parker

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR _____

(a) Residence: No. 442 Fawcett St., St., _____ Ward, _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Lillian (D)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-31-18807. AGE Years 56 Months 4 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME William14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Martha Reddman16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Martha Reddman Date Dec 3 193619. UNDERTAKER Chenoweth
(Address) 3615 17th Street20. FILE NO. 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 193622. I HEREBY CERTIFY That I attended deceased from 11-23 1936 to 12-1 1936I last saw him alive on 12-1 1936 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
(non embolic)

Date of onset

8 days

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

John L. Ramsey M.D.
(Address) Baltimore City Hospts.

29616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29616

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1100 McCulloch* St. *11-4* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *43* yrs. *11* mos. *4* ds. How long in U. S. If of foreign birth? *43* yrs. *11* mos. *4* ds.If U. S. Veteran
Specify WAR _____

2. FULL NAME

(a) Residence: No. *1100 McCulloch* St., *11-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cal.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Feb. 22 1909*7. AGE *77* Years *1* Months *68* Days If LESS than 1 day, *68* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *0000*12. BIRTHPLACE (city or town) *Easton Md*
(State or country)13. NAME *Sam. Frank's*14. BIRTHPLACE (city or town) *6 Md*
(State or country)15. MAIDEN NAME *Russell - unknown*16. BIRTHPLACE (city or town) *4*
(State or country)17. INFORMANT *Martha White*
(Address) *1100 McCulloch St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *1100 McCulloch* Date *12-2-1936*19. UNDERTAKER *Wm. Jackson*
(Address) *716 Remond Avenue*20. *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 30 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: *about 9 am*
Cerebral Myocarditis

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Cham* _____ M. D.(Address) *12157 Homewood* _____

F 29617

F 29617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2145 W. Saratoga St.* Ward *26-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Frieda V. Sipes*If U. S. Veteran
specify WAR(a) Residence: No. *2145 W. Saratoga St.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *John W. Sipes*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 29 - 1891*7. AGE Years *45* Months *5* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Boston* (State or country) *Mass.*13. NAME *George S. Brozlie*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Louisa Freby*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *John W. Sipes* (Address) *2145 W. Saratoga*18. BURIAL, CREMATION, OR REMOVAL
Place *Fun. Cathedral* Date *Dec. 2-3-36*19. UNDERTAKER *G. B. Shickel & Son* (Address) *1000 E. Pratt St.*20. FILED *1003* 19*36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 29*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held up *Inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquiry* find that said deceased came to *her* death on the day stated above, *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Thos. H. Phillips M. D.
Coroner(Address) *1939 Edmondson*

F 29619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29619

✓ 124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 E. Balto St. 16 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Charles W. Buck

If U.S. Veteran specify WAR _____

(a) Residence: No. 3522 E. Balto St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Widower |
| 6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Laura Della Buck</u> | | |
| 7. DATE OF BIRTH (month, day, year) <u>Jan. 1864</u> | | |
| 7. AGE | Years | Months Days |
| 72 | 10 | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| Milkman | | Retired |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) (State or country) | | |
| Balto Md. | | |
| 13. NAME | | |
| Buck | | |
| 14. BIRTHPLACE (city or town) (State or country) | | |
| Md. | | |
| 15. MAIDEN NAME | | |
| Not known | | |
| 16. BIRTHPLACE (city or town) (State or country) | | |
| Not known | | |
| 17. INFORMANT <u>Charles Buck</u> | | |
| (Address) <u>3522 E. Balto St</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| Place <u>London Md</u> Date <u>Dec. 2/36</u> | | |
| 19. UNDERTAKER <u>C. Miller & Sons</u> | | |
| (Address) <u>2334 Jefferson St</u> | | |
| 20. FILED | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29 1936

22. I HEREBY CERTIFY That I attended deceased from July 1936 to Apr 29 1936

I last saw him alive on Apr 29 1936 Death is said to have occurred on the date stated above, at 334

The principal cause of death and related causes of importance were as follows:

Chronic hypertensive
cardiomyopathy

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____

(Signed) Augustus J. Supler M. D.

(Address) 33436 Balto

2-1936

F 29620 HEALTH DEPARTMENT—CITY OF BALTIMORE

29620

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4387, Remont Ave. 18-1)

Length of residence in city or town where death occurred: yrs. 40 mos. 40 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4387, Remont

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years 67 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) 7th Unknown

13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louise, Campbell 4387, Remont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cemetery 12/3/30

19. UNDERTAKER (Address) 2818 Drury Street

20. FILED 12-4-30 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1936

22. I HEREBY CERTIFY That I attended deceased from 11/30/36 to 11/30/36

I last saw him alive on 11/30/36 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Leucorrhea
Nephritis
Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. E. H. H. H.

(Address) 627 E. E. E.

DEC 2 - 1936

F 29621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29621

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2321 Madison Ave* Ward *3-3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2321 Madison Ave* Ward *3-3*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1876*7. AGE Years *60* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*FATHER 13. NAME *John H. Smith*14. BIRTHPLACE (city or town) (State or country) *Md*MOTHER 15. MAIDEN NAME *Mary Diggins*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Hellie Height*
(Address) *2321 Madison Ave*

18. BURIAL, CREMATION, OR REMOVAL

Laurel Care *12/3* *1936*19. UNDERTAKER *Bernard P. Hunsley*
(Address) *818 Grand Ave*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/30* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Oct 6* 19*36* to *Nov 30* 19*36*I last saw her alive on *Nov. 29* 19*36* Death is said to have occurred on the date stated above, at *2 A.* m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset *3/1/36*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Yes*
(Signed) *J. H. Hunsley* M. D.
(Address) *1600 W. Lombard St.*

29622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29622

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
 CITY OF BALTIMORE: (No. 27-3 St., 186-a Ward)
 Length of residence in city or town Lifetime death occurred Nov. 29, 1936 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. 10 mos. 29 ds.
 2. FULL NAME James Scott
 (a) Residence: No. 2800 Halcyon Ave. St., 186-a Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. 186-a
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR SAW

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Emma C. Ronnenberg</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Nov. 19, 1869</u> | | |
| 7. AGE <u>67</u> Years | Months <u>-</u> | Days <u>10</u> If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inspector</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>008</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>10-1-36</u> | |
| 11. Total time (years) spent in this occupation <u>28</u> | | |
| 12. BIRTHPLACE (city or town) <u>Baltimore, Md.</u> (State or country) <u>Maryland</u> | | |
| FATHER | 13. NAME <u>James Scott</u> | |
| | 14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country) | |
| MOTHER | 15. MAIDEN NAME <u>Anna Hanna</u> | |
| | 16. BIRTHPLACE (city or town) <u>Virginia</u> (State or country) | |
| 17. INFORMANT <u>Records, U.S. Marine Hospital</u> (Address) <u>Baltimore, Md.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>National An</u> Date <u>12/2/36</u> | | |
| 19. UNDERTAKER <u>Robert B. Smith & Son</u> (Address) <u>Cathart & Haller St.</u> | | |
| 20. FILED <u>12-2-1936</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1936
 22. I HEREBY CERTIFY That I attended deceased from November 4, 1936 to November 29, 1936
 I last saw him alive on November 29, 1936 Death is said to have occurred on the date stated above at 10:45p.
 The principal cause of death and related causes of importance were as follows:
Accidental, due to fall
Fracture of skull
Stricture, urethra
 Other contributory causes of importance:
Cystitis, ulcerative, chronic
Pneumonia, hypostatic, terminal
 Was an operation performed? no Date of 10-21
 For what disease or injury? 10-21
 What test confirmed diagnosis? P.M. Was there an autopsy? Yes
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide: Acc. Date of injury 10-21, 1936
 Where did injury occur? 2800 Halcyon Ave.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place home
 Manner of injury Fell down steps
 Nature of injury Fractured skull
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) T. M. Anderson M. D.
 (Address) U.S. Marine Hospital

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)Length of residence in city or town where death occurred yrs. *1* mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Manhattan Beach A.D. Co.* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *29623*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah L. Williams*6. DATE OF BIRTH (month, day, year) *Nov 4 1864*7. AGE Years *72* Months *0* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cashier*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Baltimore & Annapolis*10. Date deceased last worked at this occupation (month and year) *Oct 15 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Columbus Ohio*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Mr. H. B. Little* (Address) *Manhattan Beach A.D. Co.*18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge* Date *Dec 26*19. UNDERTAKER *Wm. J. Dickner & Sons* (Address) *North Ave.*

20. FILED 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/30*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *11/13*, 19*36*, to *11/30*, 19*36*.I last saw him alive on *11/30*, 19*36* Death is said to have occurred on the date stated above, at *1.45 P.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis resulting in uremia
Generalized arteriosclerosis

Date of onset

11/23/36

Other contributory causes of importance:

*Angina pectoris*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Francis G. Dickey* M. D.(Address) *University Hospital*

C 2 - 1936

F 29625

F 29625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 22 yrs. 0 mos. 0 ds.2. FULL NAME Mr John C. WilliamsonU. S. Veteran
specify WAR(a) Residence: No. 3910 Old Frederick Rd. St. 20-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mrs Clara Williamson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 7. 18807. AGE Years 56 Months 10 Days 22 If LESS than 1 day, 23 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Churchhill (State or country) Md.13. NAME J.A. Williamson
14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Hester Barton16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Mrs Clara Williamson (Address) 3910 Old Frederick Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Crompton Md. Date 12/3/36 1919. UNDERTAKER Wm H. Good (Address) Church Hill Md20. FILED 1036 19 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 3622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrh.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Orin B. Wallace M. D.
Coroner
(Address) 1031 St. Paul St.

State cause of death in plain English. See instructions on back of certificate. OCCUPATION is very important.

F 29626 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29626

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 n Caroline St. Ward) 6-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert L Sanderlin

If U. S. Veteran

specify WAR

(a) Residence: No.

309 n Caroline St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cel 5. Single, Married, Widowed, or Divorced (write the word) S6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

July 21 1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.410

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baby

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

James Sanderlin

14. BIRTHPLACE (city or town) (State or country)

M.C.

MOTHER

15. MAIDEN NAME

Eliza

16. BIRTHPLACE (city or town) (State or country)

M.C.

17. INFORMANT

(Address)

James Sanderlin
309 n Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place

1774 Carey AveDate 12/2/36

19. UNDERTAKER

(Address)

Robert M. Williams
1525 n Eldon St

20. FILED

12 12 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

112836

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation.

What test confirmed diagnosis?

Histology as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen(Address) 507 Annapolis St

M. D.

F 29627

F 29627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 25-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Raymond, GarvinIf U. S. Veteran
specify WAR _____

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 2/26-18987. AGE Years 38 Months 9 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 200

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/2/3819. UNDERTAKER (Address) Robert Williams

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____

Date of injury _____ 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

Coroner _____

M. D.

(Address) _____

29628

F 29628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Perry St 22-2 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 401 Perry St 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Wingfield6. DATE OF BIRTH (month, day, year) 18967. AGE Years 40 Months unknown Days unknown If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) 193611. Total time (years) spent in this occupation 26 yrs.12. BIRTHPLACE (city or town) (State or country) Richmond Va.13. NAME Geo. Lewis14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Elizabeth Winston16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Kate Hill(Address) 1035 E. Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary Date Dec. 3 193619. UNDERTAKER James A. Hays(Address) 142 W. 1st St20. FILED 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936 to Nov 27, 1936I last saw him alive on Nov 28, 1936 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset Mar 1935

Other contributory causes of importance:

noneName of operation none Date of noneWhat test confirmed diagnosis? sp. exam an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury none, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John W. James M. D.(Address) 650 E. Enoch St

F 29629 HEALTH DEPARTMENT—CITY OF BALTIMORE 29629

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1233 St Matthews St., 5-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years 67 Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Renee Herr

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 12/2/36 19

19. UNDERTAKER Jack Lewis
(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1936

22. I HEREBY CERTIFY. That I attended deceased from November 22, 1936 to December 1, 1936.

I last saw her alive on December 1, 1936. Death is said to have occurred on the date stated above, at 6:35 m.

The principal cause of death and related causes of importance were as follows:

myocardial failure
Septicemia, diabetes mellitus,
acute jaundice, liver cirrhosis,
chronic pyelonephritis;
Other contributory causes of importance:
chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. Jeffery M. D.

(Address) Lincoln Hospital

FILED

EC 2 - 1936

Registrar

B 29630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29630

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____

St. 5-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Edward Simon

If U.S. Veteran

specify WAR _____

(a) Residence: No. 1011 Low

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ☒6. DATE OF BIRTH (month, day, year) unknown7. AGE Years 27 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. paperhanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation 10 1/212. BIRTHPLACE (city or town) (State or country) Washington13. NAME Samuel Simon14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Fannie Bescant16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place 17th Carmel Date 12/2/3619. UNDERTAKER Jack J. Lewis Inc
(Address) 1439 S. Park St

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936, to Dec 1, 1936I last saw him alive on Dec 1, 1936. Death is said to have occurred on the date stated above, at 11 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Nov 28

Other contributory causes of importance:

Chronic Nephritis, Systemic SclerosisWas an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Amichael T. L. H. M. D.(Address) Johns Hopkins Hospital

29631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** **E 29631**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2779 W. North Ave 5-6 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2779 W. North Ave St. 5-6 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give NAME instead of street and number.)

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years 60 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Shapiro

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Gordon (Address) 2779 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Berreyes Run Date 12-2-36 19

19. UNDERTAKER James A. Lewis Inc (Address) 1458 E. Pratt St

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/1/27 to Dec. 1, 1936

I last saw him alive on Dec. 1, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension with
Atherosclerosis
Cardiac Hypertrophy & Dilatation
Chronic Nephritis

Other contributory causes of importance:

Coronary Thrombosis

Date of onset

11/1/27

11/1/27

11/1/27

3 hrs

12/1/36

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? History & physical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) M. B. Lewis M. D.

(Address) 211 W. Monument St.

296329
321109

F 29632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Geo S Smith

If U.S. Veteran

specify WAR World War

(a) Residence: No. _____

Essex Md

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 1/10/96

7. AGE Years 40 Months 41 Days 10 If LESS than 1 day. _____ hrs. _____ min. 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. act Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Oregon

13. NAME Geo.

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Records
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART CEM. Date DEC. 3 1936

19. UNDERTAKER WILLY & ZEILER INC.
(Address) 403 S. WOLFE ST.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1936 to Nov 30 1936

I last saw him alive on Nov 30 1936 Death is said to have occurred on the date stated above, at 9⁴⁰ a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - vascular

Date of onset 1934

Other contributory causes of importance:

none

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? kidney test Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

Palmer Howard Fletcher, M. D.

(Address)

Johns Hopkins Hospital

FILED

G 2 - 1836

Registrar

F 29633 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. H-1 Ward)

Registered No. X 194-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Slippy Creek, W. Va. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5th 1915

7. AGE Years 21 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborn.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law. mill
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Slippy Creek
(State or country) W. Va.

13. NAME Miller M. E. Bee

14. BIRTHPLACE (city or town) Slippy Creek
(State or country) W. Va.

15. MAIDEN NAME Barbara Koushols

16. BIRTHPLACE (city or town) Crow Roads
(State or country) W. Va.

17. INFORMANT Malher Barbara M. Bee
(Address) Slippy Creek, W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Slippy Creek, W. Va. Date 12/2/36

19. UNDERTAKER E. D. Gansing, Son
(Address) 1938 E. Slippy Creek Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-27 . 1936 to 127 . 1936

I last saw him alive on 127-36 . 19 . Death is said to have occurred on the date stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset
11-29-36

Other contributory causes of importance:

Laceration body in esophagus 11-27-36

Was an operation performed? Esophagotomy Date 11-27-36

For what disease or injury? Laceration body

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Swallowing false teeth

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no - If no, specify

(Signed) Lawrence H. Miller M. D.
(Address) Mary Hospital

25. FILED

EC 2-1936

EPH

F 29634

F 29634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 S. Kenwood Ave St. 4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? 52 yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 924 S. Kenwood Ave St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna Kaniecki6. DATE OF BIRTH (month, day, year) July 19/76
7. AGE 60 Years 4 Months 9 Days If LESS than 1 day ____ hrs. or ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. M. Womble Co.
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation 1712. BIRTHPLACE (city or town) Poland
(State or country)FATHER 13. NAME Frank Kaniecki
14. BIRTHPLACE (city or town) Poland
(State or country)MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs. Joanna Kaniecki
(Address) 924 S. Kenwood Ave18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem Date Dec. 5, 193619. UNDERTAKER Stephan E. Fialkowski INC
(Address) 1000 S. Kenwood Ave20. FILED 11-27-36 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 193622. I HEREBY CERTIFY That I attended deceased from November 27, 1936, to Nov. 28, 1936.
I last saw him alive on Nov. 28, 1936. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumoniaDate of onset 11-23-36

Other contributory causes of importance:

Myocardial insufficiencyDate of onset 11-27-36Was an operation performed? No Date of ____

For what disease or injury?

Name of operation Physical signs of death Date of ____
What Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify

(Signed) D. B. Bromberg M. D.(Address) 3037 Edmond St

OCCUPATION is very important. See instructions on back of certificate.

29635 HEALTH DEPARTMENT—CITY OF BALTIMORE 29635

CERTIFICATE OF DEATH

✓ 94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Pyndale Ave St. 27 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3214 Pyndale Ave St. 27 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Katherine Schneider (or) WIFE of Robert A. Schneider

6. DATE OF BIRTH (month, day, year) Dec 25 1858

7. AGE Years 77 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Retired Plumber 9. Industry or business in which work was done, as 005 saw mill, bank, etc. 10. Date deceased last worked at this occupation (month, day, year) Oct 13 1936 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Casper Schneider

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Larry Schneider (Address) 3809 11th Rd

18. BURIAL, CREMATION, OR REMOVAL Funeral Home Place Franklin W. Seely Date Dec 3 1936

19. UNDERTAKER Franklin W. Seely (Address) 814 N 36 St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936, to Nov 30, 1936

I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

auricular fibrillation
coronary occlusion

Date of onset

Nov 29/36
Nov 30/36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation closed Date of —

What test confirmed diagnosis? ECG Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. P. Reis M. D.

(Address) 24 S. Broadway

FILED
DEC 2 - 1936

F 29636

F 29636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Wylie Ave. 27-11)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3003 Wylie Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Henry Eise (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1st 1861

7. AGE Years 75 Months 0 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Carl Piest

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Boris Freind

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Eise (Address) 3003 Wylie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David H. H. Date Dec 1, 1936

19. UNDERTAKER Joseph B. (Address) 1200 N. Scott Ave

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to Nov 30, 1936

I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

6 yrs

Other contributory causes of importance:

presentens Embolus Pyelitis

6 days 4 hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 1200 N. Scott St. M. D.

F 29637 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29637

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sydenham Hospital* Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. *Same* St. *9* Ward) _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. *30* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 If U. S. Veteran specify WAR _____
 2. FULL NAME *Joseph Lynch*
 (a) Residence: No. *Belair, Md.* St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*
 6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *Aug. 24, 1916*
 7. AGE Years *20* Months *3* Days *7* if LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Co.*
 (State or country)

13. NAME *John J. Lynch*
 14. BIRTHPLACE (city or town) *Baltimore, Co.*
 (State or country)

15. MAIDEN NAME *Estelle Kearney*
 16. BIRTHPLACE (city or town) *Baltimore Co.*
 (State or country)

17. INFORMANT *John J. Lynch*
 (Address) *Bel Air, Md.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *St. John's Cemetery* Date *Dec 3, 1936*

19. UNDERTAKER *Hamberger & Goss*
 (Address) *Baltimore, Md.*

20. FILED *1936* 21. INDEXED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 1, 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov. 20, 1936* to *Dec. 1, 1936*.
 I last saw him alive on *Dec. 1, 1936* Death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Apoplexy (Zonitella) 11/17/36

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Sidney Selman* M. D.

(Address) *Sydenham Hospital*

F 29638

F 29638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth 40 yrs. — mos. — ds.
If U. S. Veteran specify WAR

2. FULL NAME

Frank Simacek.

(a) Residence: No. 907 N. Dallas St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. XXXXX widowed XXXXXXX
HUSBAND of Sophia Simacek.
XXXXXX6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 66 Months --- Days --- If LESS than 1 day, --- hrs. or --- min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bohemia.
(State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know.
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Sophia Simacek. (daughter)
(Address) 907 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 4 193619. UNDERTAKER August P. S. Inc
(Address) 2537 Eastland Ave20. FILED 1936 19 12/1/36 Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Sign) 12/1/36 1017 S. Charles St. M. D.
(Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

29639

F 29639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd. St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mo. 3 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Mrs Bessie Newnam

If U.S. Veteran
specify WAR(a) Residence: No. Church Hill Md. St. Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Mr John H. Newnam
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19 1864

7. AGE Years 72 Months 2 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John F. Newnam

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Hannah Cometgys

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mrs Grace N Shure
(Address) 3531 Warbash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Md. Date 12/4/36

19. UNDERTAKER W H Good
(Address) Church Hill Md

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1936 to Dec 2 1936

I last saw her alive on Dec 1 1936. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Left)

Date of onset
11-30-36

Other contributory causes of importance:

Myocardial insuff.

Was an operation performed? No - Date of -

For what disease or injury? No -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Howard F. Warner M. D.

(Address) 2604 Garrison Blvd.

2-1936

F 29640

F 29640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 YORK COURT 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME KATHERINE THERESA Kimmel

If U. S. Veteran

specify WAR

(a) Residence: No. 25 YORK COURT St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED5a. If married, widowed, or divorced HUSBAND of
WIFE of CHARLES A. KIMMEL6. DATE OF BIRTH (month, day, year) 9-4-18627. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MD.13. NAME LOUIS HOSFROS14. BIRTHPLACE (city or town) BALTIMORE
(State or country) MD.15. MAIDEN NAME Sarah Ellen O'Farrell16. BIRTHPLACE (city or town) BALTIMORE MD
(State or country)17. INFORMANT CHARLES E. KIMMEL(Address) 3549 NEWLAND RD.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 3 193619. UNDERTAKER James H. Jenkins Bros Co
(Address) McCulloch + Orchard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1- 193622. I HEREBY CERTIFY. That I attended deceased from Aug. 13 1931 to Dec. 1- 1936I last saw him alive on Nov. 30 1936. Death is said to have occurred on the date stated above, at 12:15 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial insufficiency
Pulmonary Infarction
Cardiac FailureDate of onset
193011/28/3612/1/36

Other contributory causes of importance:

Auricular Fibrillation1931

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James H. Gay M. D.(Address) 1114 St. Paul St.Barto. ind.

G 2-1936-12-3

29641

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29641

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *10* yrs. *0* mos. *0* ds.

2. FULL NAME

Leo Dennis Drank
1208 - Harbor Ave.

If U. S. Veteran

specify WAR.

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan. 3, 1922*7. AGE Years *14* Months *10* Days *29* If LESS than 1 day, *28* hrs. or *28* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Pennsylvania*
(State or country)13. NAME *John Drank*
14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Lena*
16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Record for Hospital*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn Cem* Date *Dec 3, 1936*19. UNDERTAKER *Wm. H. Henkle & Sons*
(Address) *1208 - Harbor Ave.*20. FILED *11-11-36* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 1, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 28, 1936* to *Dec. 1, 1936*I last saw him alive on *Dec. 1, 1936* Death is said to have occurred on the date stated above, at *4:55 P* m.

The principal cause of death and related causes of importance were as follows:

Influenzal Meningitis

Date of onset

11/26/36

Other contributory causes of importance:

*Chronic Otitis Media**10 yrs.*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Sidney Selman M. D.
Sydenham Hospital

2-1936

✓ F 29642

29642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH American Sugar Refinery
CITY OF BALTIMORE: (No. Ft. of Stevenson St. St. 9-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. - mos. - ds. long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allan B. Booker.

If U. S. Veteran
specify WAR

(a) Residence: No. 805 Melville Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, ~~WIFE OF~~ HUSBAND of Edna M. Booker.

6. DATE OF BIRTH (month, day, year) July 18, 1890

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
46 4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10 30

12. BIRTHPLACE (city or town) San Francisco, Cal.
(State or country)

FATHER 13. NAME George Booker.

14. BIRTHPLACE (city or town) Maine.
(State or country)

MOTHER 15. MAIDEN NAME Grace Elliott.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Edna M. Booker. (wife)
(Address) 805 Melville Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Nat. Date Dec 3, 1936

19. UNDERTAKER Harry H. White
(Address) 4101 Camden Ave

20. DATE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. E. R. R. R. R. R. M. D.
12/1/36 (Address) 1017 S. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 29643 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29643

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 23)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 3 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Marguerite Lambert

(15441)

If U.S. Veteran

specify WAR _____

(a) Residence: No. Sulphur Springs Rd., Halethorpe, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Cecil
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1904

7. AGE Years 32 Months 4 Days 20 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) W. Virginia
(State or country)

13. NAME Armedo Valdesere

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Anna Perotti

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clover Hill

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Oliver St.

20. FILED 10336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936 to November 30, 1936

I last saw her alive on November 30, 1936 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of onset 3 yrs

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State).
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Sam H. Feldman M. D.

(Address) Baltimore City Hospitals

320144

F 29644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *7-5* St., *5* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *3* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Cecelia Harrison*

If U.S. Veteran specify WAR _____

(a) Residence: No. *Bowie - Md* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced *William*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *7/15/81*

7. AGE Years *55* Months *4* Days *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Maryland*
(State or country)

FATHER 13. NAME *Joseph Colbert*
14. BIRTHPLACE (city or town) *Md -*
(State or country)

MOTHER 15. MAIDEN NAME *Haniel Tyler*
16. BIRTHPLACE (city or town) *Md -*
(State or country)

17. INFORMANT *Records -*
(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL
Place *Bowie Md* Date *Dec 5 '36*

19. UNDERTAKER *M & Ladung Sons*
(Address) *Bowie Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec - 1 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 28* 1936 to *Dec - 1* 1936
I last saw her alive on *Dec 1* 1936 Death is said to have occurred on the date stated above, at *7 05* p.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of left ethmoid, antrum and orbit with secondary post-operative hemorrhages

Date of onset *5-36*

Other contributory causes of importance:

Arteriosclerosis with hypertension

Was an operation performed? *yes* Date of *Nov. 24, 1936*

For what disease or injury? *Sarcoma left ethmoid, orbit, and antrum*

What test confirmed diagnosis? *Biopsy* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

Signed *Douglas Clampham* M. D.
(Address) *Johns Hopkins Hosp.*

EC 2-1034

29645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29645

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Prestman St. Ward 16-7)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME

(a) Residence: No. 3010 Prestman St. Ward 16-7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____6. DATE OF BIRTH (month, day, year) April 8th 18627. AGE Years 74 Months 7 Days 23 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 12/1/36 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Ellicott City MdFATHER 13. NAME Thomas Mc Keagie
14. BIRTHPLACE (city or town) (State or country) Howard Co MdMOTHER 15. MAIDEN NAME Nannice Easton
16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Neland Merryman
(Address) 3010 Prestman St18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Dec 4th 193619. UNDERTAKER (Address) Wm Cook
1217 St Paul St20. FILED 1936

Registrar

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 193622. I HEREBY CERTIFY That I attended deceased from Jan 2 1936 to Dec 1 1936
last saw him alive on Dec 1 1936 Death is said to have occurred on the date stated above, at 10³⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Chronic valve heart dis.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Were there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Dr. J. H. Ralston(Address) 3010 Prestman St.

M. D.

F 29646

✓ F 29646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Middleton Court

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME HUGH PERRY McCORMICK

If U.S. Veteran specify WAR

(a) Residence: No. 8 Middleton Court—(HOMELAND)

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY DOVE

6. DATE OF BIRTH (month, day, year) Nov. 1. 1890

7. AGE Years 46 Months 1 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCormick Spice Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mexico (State or country)

13. NAME Rev. Hugh McCormick
14. BIRTHPLACE (city or town) Va? (State or country)

15. MAIDEN NAME Anne Perry

16. BIRTHPLACE (city or town) Ala. (State or country)

17. INFORMANT Charles P. McCormick (Address) 7 E. 39th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 3. 1936

19. UNDERTAKER John O. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1. 1936

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1936 to December 1, 1936

I last saw him alive on December 1, 1936. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Gonorrheal sepsis
a) Uremia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

David J. J. M. D. Medical Arts. Bldg.

F 29647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29647

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 15-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: / yrs. mos. ds. How long in U. S. If of foreign birth? / yrs. mos. ds.

2. FULL NAME

James Maistros

If U.S. Veteran

specify WAR _____

(a) Residence: No. _____

2356 E North Ave.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>7/14/90</u> | | |
| 7. AGE <u>46</u> | Years <u>45</u> | Months <u>4</u> |
| | Days <u>16</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pirate 0021</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>11. Total time (years) spent in this occupation</u> | |

12. BIRTHPLACE (city or town) (State or country)

Greece

FATHER

13. NAME

Geo Maistros

14. BIRTHPLACE (city or town) (State or country)

Greece

MOTHER

15. MAIDEN NAME

Avarti Cavous

16. BIRTHPLACE (city or town) (State or country)

Greece

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Akron, Ohio

Date

12/3/36

19. UNDERTAKER

(Address)

George S. Smith Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1936 to Nov 30, 1936I last saw him alive on Nov 30, 1936 Death is saidto have occurred on the date stated above, at 2:20 m.

The principal cause of death and related causes of importance were as follows:

asphyxiation, due to plugging of bronchus with pus & blood from a lung abscess
lung abscess
operative shockDate of onset
Nov. 30, 1936Aug, 1936Nov. 30, 1936

Other contributory causes of importance:

Was an operation performed? yesDate of Nov 30, 1936For what disease or injury? for abscess of lung & pneumoniaWhat test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Palmer H. Haworth, M. D.(Address) John Hopkins Hospital

FILED

DEC 2 - 1936

29648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29648

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. 131
 CITY OF BALTIMORE: (No. 70-1 St., Ward)
 Length of residence in city or town where death occurred Lifetime
 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME Edwin M. Brooks If U.S. Veteran WW
 specify WAR
 (a) Residence: No. 1825 W. Franklin St. St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
 HUSBAND of Evelyn Shipley
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1891

7. AGE Years 45 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Carrier
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office Dept.
 10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Michael Brooks

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Catherine Butler

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cym Date 12/5/1936

19. UNDERTAKER John J. Cowan & Son (Address) 904 Hollins St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1936, to November 30, 1936.

I last saw him alive on November 30, 1936 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, parenchymatous
 Cardiac disease, cardio-renal

Date of onset

1918

1918

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. a doctor M. D.

(Address) U.S. Marine Hospital

2-1936

✓ F 29649

29649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hosp*CITY OF BALTIMORE: (No. *12-2* St., *12-2* Ward)Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? yrs. *1* mo. *1* da.2. FULL NAME *William Lankford*

If U. S. Veteran specify WAR

(a) Residence No. *Bellona Ave - Woodmont*St., *12-2* Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of *Margaret Lankford*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3-22-1863*7. AGE Years *73* Months *- 8 -* Days *8* If LESS than 1 day, *8* hrs. or *8* min.8. Trade, profession, or particular kind of work, as spinner, sawyer, bookbinder, etc. *Teacher*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *William Lankford*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Kein*16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *Geo. W. Lankford*(Address) *Bellona Ave - Woodmont*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Olivet* Date *12/3/36*19. UNDERTAKER *Wm. C. Cook*(Address) *1214 E. Pratt*20. FILE *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-30*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Acc*Accident, suicide, or homicide? *Acc* Date of injury *11/30*, 19*36*Where did injury occur? *5708 Bellona Ave*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Highway*Manner of injury *Struck by auto while*Nature of injury *Crossing Street*

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signature) *Hubert H. DeLoe* M. D.

Coroner

(Address) *907 N. Charles*

29650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29650

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Fourth St., 25-4 Ward)Registered No. Brooklyn 94-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Daniel S Jones

If U.S. Veteran

specify WAR

(a) Residence: No. 3904 Fourth

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 1. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6. If married, widowed, or divorced HUSBAND of <u>Sarah C Jones</u> (or WIFE of) | | |
| 6. DATE OF BIRTH (month, day, year) <u>Oct 15/1856</u> | | |
| 7. AGE <u>50</u> | Years <u>1</u> | Months <u>16</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Retired</u> | | 11. Total time (years) spent in this occupation <u>40</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) Kent, Co. Ind.
(State or country)13. NAME Benjamin Jones14. BIRTHPLACE (city or town) Ind
(State or country)15. MAIDEN NAME Margaret Elliott16. BIRTHPLACE (city or town) Balt Md
(State or country)17. INFORMANT Mrs Sarah C Jones
(Address) 3904 Fourth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet, Cn. Date Dec 4 193619. UNDERTAKER John F. Denny(Address) 715 Light St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 22, 1936, to Dec 1, 1936.I last saw him alive on Dec 1 - 9.30, 1936. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Heart blockWas an operation performed? No Date of -For what disease or injury? NoWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) Dr. J. H. Williams M. D.(Address) 1211 N. Calvert St.

29651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 113 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Ruth Virginia Bland

If U.S. Veteran

specify WAR

(a) Residence: No. 894 Tyson Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) August 11, 19367. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 16OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country)FATHER 13. NAME John Bland
14. BIRTHPLACE (city or town) North Carolina
(State or country)MOTHER 15. MAIDEN NAME Ruth Virginia Mosby
16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Ruth Mosby (Mother)
(Address) 894 Tyson Street18. BURIAL, CREMATION, OR REMOVAL
Place Union O'Bed DEC 2 - 193619. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore20. FILED 2 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 193622. I HEREBY CERTIFY, That I attended deceased from
November 9, 1936, to November 27, 1936I last saw her alive on November 27, 1936 Death is said
to have occurred on the date stated above, at 9⁰⁰ p. m.The principal cause of death and related causes of
importance were as follows:BRONCHOPNEUMONIA

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify W. Y. Helfrich
(Signed) Union O'Bed(Address) Union O'Bed

F 29652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *14-3* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1304 W. Lombard St* St. *14-3* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*

6. DATE OF BIRTH (month, day, year) *Nov 6, 1936*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *22*

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None*
11. Total time (years) spent in this occupation *None*

12. BIRTHPLACE (city or town) *1304 W. Lombard St* (State or country) *Baltimore Md.*

13. NAME *Angelus Novak*

14. BIRTHPLACE (city or town) *Maryland* (State or country)

15. MAIDEN NAME *Elizabeth Burns*

16. BIRTHPLACE (city or town) *Poland* (State or country)

17. INFORMANT *Mother* (Address) *1304 W. Lombard St Balto*

18. BURIAL, CREMATION, OR REMOVAL *Buried* Place *DEC 2 - 1936* Commissioner of Health

19. UNDERTAKER *Per H. A. Moore* (Address)

20. FILED *2 - 1936* *H 2796*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 12, 1936* to *Nov 28, 1936*

I last saw him alive on *Nov 28, 1936* Death is said to have occurred on the date stated above, at *2:30 AM*.

The principal cause of death and related causes of importance were as follows: *Chorea*

Other contributory causes of importance: *Pneumonia*

Was an operation performed? *None* Date of *None*

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *None*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joseph E. Bush* M. D.

(Address) *University Hospital*

29653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29853

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *7* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Dilworth

If U.S. Veteran

specify WAR

(a) Residence: No. *1525 Somerset Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Mary Beth Dilworth*6. DATE OF BIRTH (month, day, year) *Sept. 6, 1900*7. AGE Years *36* Months *3* Days *house* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *carpenter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1015* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Co.* (State or country) *Maryland*13. NAME *Howard Dilworth* 14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Ada Beane*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mrs Mary Dilworth* (Address) *1525 Somerset Ave. Balt Md*18. BURIAL, CREMATION, OR REMOVAL Place *Fort M.E. Cemetery* Date *Dec. 4, 1936*19. UNDERTAKER *C. M. Maltz* (Address) *Baltimore Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-1-36*22. I HEREBY CERTIFY, That I attended deceased from *11-23-* 1936 to *12-1-* 1936I last saw him alive on *12-1-* 1936 Death is said to have occurred on the date stated above, at *5:50* p.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia
Inguinal & Ventral

Date of onset

Other contributory causes of importance:

*Pneumonia (chronic)*Was an operation performed? *yes* Date of *11-27-36*For what disease or injury? *Ventral Hernia*
Inguinal Hernia

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *Hernia from fall.*(Signed) *Dr. J. T. Williams* M. D.(Address) *Maryland General Hospital*

2-1936

JCPH

29654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29654

18790

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward)Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Benson Strickland

If U.S. Veteran

specify WAR

(a) Residence: No. 905 Ryan Street

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Separated |

5a. If married, widowed, or divorced
HUSBAND of Pansy Strickland
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-2-1900

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 36 | 2 | 28 | 0 |

| | | | | |
|------------|---|--|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | Painter | | | |

12. BIRTHPLACE (city or town) Florida
(State or country)13. NAME Wyley Strickland14. BIRTHPLACE (city or town) Florida
(State or country)15. MAIDEN NAME Minnie Parrior16. BIRTHPLACE (city or town) Ga.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. C. List (Rev.) Date 12/4 1936

19. UNDERTAKER

Stewart & Morris Co.(Address) 188 W. North Ave.

20. FILED

2-1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 193622. I HEREBY CERTIFY, That I attended deceased from 11-17, 1936 to 12-2, 1936I last saw him alive on 12-2, 1936 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic osteomyelitis Rt. tibia 3 wks.

Date of onset

Other contributory causes of importance:

Bacteriemia staphylococcus 2 wks.Was an operation performed? yes Date of 11-17-36For what disease or injury? osteomyelitisWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

2/2/36
Balt. City Hosp.

29655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29655

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Whitfield Road St., 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- da. How long in U. S. If of foreign birth -- yrs. -- mos. -- da.

If U. S. Veteran

specify WAR

2. FULL NAME

Emma C. Sanner

(a) Residence: No.

1 Whitfield Road

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widow |

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Joseph H. Sanner

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, -- hrs. or -- min. |
| About | 80 | --- | --- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Washington, D. C.

FATHER

13. NAME

Arthur Bridget

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME Elizabeth A. Sanner

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. Edith Geraghty

(Address)

1 Whitfield Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 12/3 1936

19. UNDERTAKER

(Address)

Henry W. Mealy, Son
805 N. Calvert St.

20. FILED

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Nov. 30 - 1936, same - 1936

I last saw her alive on Nov. 30 - 1936. Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? No - Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Charles A. Sanner
1201 N. Calvert St.

M. D.

29656 HEALTH DEPARTMENT—CITY OF BALTIMORE

18797

F 29656

CERTIFICATE OF DEATH

160B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Girl Weber (Wdzieczny)

If U.S. Veteran

specify WAR _____

(a) Residence: No. 213 S. Collington Ave.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 11-18-36

7. AGE Years _____ Months _____ Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Frank Weber (Wdzieczny) 14. BIRTHPLACE (city or town) Md. Balt o. Md (State or country) Md.

15. MAIDEN NAME Mary Mack Wagner 16. BIRTHPLACE (city or town) Md. Balto. Md. (State or country) Md.

17. INFORMANT B. C. H. Records (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Cem Date Dec. 3 1936

19. UNDERTAKER John M. Weber (Address) 401 S. Chester street

20. FILER 1936 11-18-36 11-18-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1936 to Dec 2, 1936

I last saw her alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 4:04 AM.

The principal cause of death and related causes of importance were as follows:

Peritonitis both cerebral hemorrhage Atch

IT

Other contributory causes of importance:

Diarrhea - nutritional

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) St. Adam

(Address) Baltimore, Md.

M. D.

29657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29657

9136
CERTIFICATE OF DEATH

9136

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Melville D. FinchIf U.S. Veteran
specify WAR(a) Residence: No. Levering House St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?6. DATE OF BIRTH (month, day, year) 12-11-18677. AGE Years 68 Months 11 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box factory9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labrador Cotton

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Wm. W. Finch14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Martha J. Dutton16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Ph. Date Dec. 4, 193619. UNDERTAKER Geo. W. Little
(Address) 2700 Edmonstone Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-193622. I HEREBY CERTIFY, That I attended deceased from 7-27-1936 to 12-2-1936I last saw him alive on 12-2-1936 Death is said to have occurred on the date stated above, at 3 AM

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease with Congestive Heart Failure Date of onset 1 1/2 yrs

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

John F. Rainey, M.D.
Baltimore City Hospital

29658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Cedarcroft Road. St. 27-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

If U. S. Veteran

specify WAR

2. FULL NAME Amner Bailey(a) Residence: No. Parksley, Virginia
(Usual place of abode)St. ____ Ward. Parksley, Va.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
~~HUSBAND~~ Lewis Bailey
(or) WIFE of6. DATE OF BIRTH (month, day, year) November 7th 18707. AGE Years 66 Months 0 Days 24 If LESS than 1 day, ____ hrs. or ____ min. 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---12. BIRTHPLACE (city or town) Poulson, Virginia
(State or country)13. NAME Edwin Pecar14. BIRTHPLACE (city or town) Canada
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mr Lewis Bailey
(Address) 708 Cedarcroft Road.18. ~~REMOVAL OF REMAINS~~Place Hallwood, Virginia Date Dec 3rd 193619. UNDERTAKER North & Co
(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) obtained by said inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of ____For what disease or injury? ---

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Paul Pheasant(Address) 1919 E. North Ave

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

29659

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29659

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Pulaski St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Alexander Roakes

If U.S. Veteran specify WAR

(a) Residence: No. 616 N. Pulaski St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Mary Ida Roakes (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17/1849 7. AGE Years 87 Months 10 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman U. Ry. & P. 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester (State or country) Va

13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Harvey C. Roakes (Address) 616 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore City Date Dec 3 1936

19. UNDERTAKER Wm. H. Hager Sons (Address) North 9th & Ave.

20. FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936 to Dec. 1, 1936

I last saw him alive on Dec 1-1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Gradual Decline May 1936

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave.

✓ F 29660

29660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Eutaw Place Ward 1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1629 Eutaw Place Ward 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 1. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>George W. Honsberger</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Oct. 10, 1877</u> | | |
| 7. AGE | Years <u>59</u> | Months <u>1</u> |
| | Days <u>20</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation <u>1003</u> | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Emmitsburg Md.</u> | | |
| FATHER | 13. NAME <u>Geo. M. Rider</u> | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Md.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Ellen J. Wurick</u> | |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u> | |
| 17. INFORMANT <u>Mrs. Gertrude H. Keen</u> (Address) <u>3609 Liberty Sts Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>David Ridge</u> Date <u>Dec 3, 1936</u> | | |
| 19. UNDERTAKER <u>Wm. H. Hulse Bros</u> (Address) <u>North & Pa Aves.</u> | | |
| 20. FILED <u>1936</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

The principal cause of death and related importance were as follows: Found about 5 P.M. in bath room
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Wm. H. Hulse Coroner M. D.
(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

29661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29661

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Springdale Ave St. 28-2 Ward)

Length of residence in city or town where death occurred 37 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME William Heimiller of H.

(a) Residence: No. 4512 Springdale Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1879

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day. hrs. or min. |
| | 57 | 3 | 28 | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Secretary |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Bl'dg Asso. |
| | 10. Date deceased last worked at this occupation (month and year) | 1931 |

12. BIRTHPLACE (city or town) Versailles
(State or country) Kentucky

| | | |
|--------|---|-----------------|
| FATHER | 13. NAME | Henry Heimiller |
| | 14. BIRTHPLACE (city or town) (State or country) | Germany |

| | | |
|--------|---|----------------|
| MOTHER | 15. MAIDEN NAME | Alma Lancaster |
| | 16. BIRTHPLACE (city or town) (State or country) | Kentucky |

17. INFORMANT Miss Dora Heimiller
(Address) 4512 Springdale Ave18. BURIAL, CREMATION, OR REMOVAL
Place Versailles Ky. Date Dec 5 193619. UNDERTAKER
(Address) 4204 Ridgewood Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 25 1936 to Dec 2 1936

I last saw him alive on Dec 1 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Cerebral pneumonia

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Smith M. D.

(Address) 4204 Ridgewood Ave

F.D. 29662

F 29662

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 P. Exeter St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME George Yabel(a) Residence: No. 700 High St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Carrie Yabel
(or WIFE of)6. DATE OF BIRTH (month, day, year) Feb. 24, 1868
7. AGE Years 65 Months 9 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) MD.13. NAME Leitich Yabel
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Barbara Barker
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Margaret Escheltger
(Address) 23 P. Exeter St.18. BURIAL, CREMATION, OR REMOVAL
Place Int. Christ. Date Dec. 3, 193619. UNDERTAKER Wendell H. Dupp
(Address) 1405 S. Broadway St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chronic Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner(Address) 1919 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 51871 Schroeder ST., 18-K WARD)

2—FULL NAME

Mary Carter

(a) RESIDENCE NO.

508 71 Schroeder ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced, (or) WIFE of

Charles Carter

6 DATE OF BIRTH (month, day, and year) May 15, 1875

7 AGE Years 61 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Talbot Co Md

10 NAME OF FATHER

W. M. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md

12 MAIDEN NAME OF MOTHER

Lillian Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md

14

Informant (Address)

Sarah Sullivan
508 71 Schroeder

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov. 30, 1936

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936 to Nov 30, 1936

that I last saw him alive on Nov 30, 1936

and that death occurred, on the date stated above, at 4:45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path.

(Signed)

W. F. Howell M. D.

(Address)

601 N Carroll St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Auburn

DATE OF BURIAL

12/4 1936

20 UNDERTAKER

ADDRESS

Amel. W. Chase 638 E. ...

FD 29664

F 29664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Rayner Ave. St. 1 Ward 6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

W. Benton Cushman

If U. S. Veteran

specify WAR

(a) Residence: No.

2817 Rayner Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Margaret A. Cushman

6. DATE OF BIRTH (month, day, year)

March 26 1893

7. AGE

43

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Reporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

David F. Cushman

14. BIRTHPLACE (city or town) (State or country)

Washington D.C.

MOTHER

15. MAIDEN NAME

Estelle Kerns

16. BIRTHPLACE (city or town) (State or country)

Martinsburg W. Va.

17. INFORMANT (Address)

Margaret A. Cushman 2817 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath Date Dec 31 1936

19. UNDERTAKER (Address)

May A. Gawthrop 2839 Rayner Ave.

20. FILED

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Inferior air of lungs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

9000 F 29665 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29665

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Church Home + Infirmary 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. John J. Ines

If U.S. Veteran specify WAR

(a) Residence: No.

379 Winston Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Anna M. Ines

7. DATE OF BIRTH (month, day, year)

Aug 13, 1862

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

84

3

19

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Iron Works

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dawson Chemical Co

11. Date deceased last worked at this occupation (month and year)

1930

12. Total time (years) spent in this occupation 15

13. BIRTHPLACE (city or town) (State or country)

MD

FATHER

14. NAME

Anna J. Ines

15. BIRTHPLACE (city or town) (State or country)

MD

MOTHER

16. MAIDEN NAME

Caroline Bradley

17. BIRTHPLACE (city or town) (State or country)

MD

18. INFORMANT

(Address)

Flora, & Harold

19. BURIAL, CREMATION, OR REMOVAL

Place

Funerary Co.

Date

12/4/36

20. UNDERTAKER

(Address)

77th St 1217 St Paul St

21. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-36, 19

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1936, to Dec 2, 1936

I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic Cardiovascular Renal Disease.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? C.L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John A. Myers M. D.
Church Home & Inf.

29666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 Mosher 14-2)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Shirley Fardol

(a) Residence: No. 639 Mosher

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27 1936

7. AGE Years 6 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 639 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 12-3-36

19. UNDERTAKER (Address) 1203 E. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Typhoid Enteritis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

M. D. B 1268-2
29667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29667

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Fremount Ave. St. 18-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John W. Palmer

(a) Residence: No.

424 N. Fremount Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

If S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Col.

5. Single, Married, Widowed, or Divorced (write the word)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarah Palmer

6. DATE OF BIRTH (month, day, year)

Dec. 18, 1874

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

01

11

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk weaver, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Laborer

12. BIRTHPLACE (city or town)
(State or country)

Wash. D.C.

FATHER

13. NAME

Robert Palmer

14. BIRTHPLACE (city or town)
(State or country)

Va.

MOTHER

15. MAIDEN NAME

Mary Moore

16. BIRTHPLACE (city or town)
(State or country)

Va.

17. INFORMANT

Mrs. Frazer

(Address)

915 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary Date 12/3/36

Thomas E. Kelson

19. UNDERTAKER

(Address)

1303 Presstman St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

1 & 2 Degree burns of Body

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Clin

Was there an autopsy

No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Nov. 29, 1936

Where did injury occur? 424 N. Fremount Ave. Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public place Home

Nature of injury Coal Oil Stove Exploded set fire to House burns of body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

9668

F 29668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 25-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank Harrell

If U.S. Veteran

specify WAR _____

(a) Residence: No. 2302 Annapolis Avenue

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Marie
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 16, 19037. AGE Years 33 Months 7 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city, or town) (State or country) S. Car.13. NAME Robert (D)14. BIRTHPLACE (city or town) (State or country) N. Car.15. MAIDEN NAME Murray ?? (D)16. BIRTHPLACE (city or town) (State or country) N. Car.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 6 193619. UNDERTAKER Joseph A. Smith
(Address) 409 M. Mount St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 193622. I HEREBY CERTIFY That I attended deceased from October 26, 1936 to December 2, 1936I last saw him alive on December 2, 1936 Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset
Aug.
1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical here an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Dr. H. Feldman

M. D.

(Address)

Baltimore City Hospitals

3-1936

3669 1268-9

Shaver

F 29669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St.* 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *Freeland Md.* St., Ward. *Md.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male**White**Married*5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of)*Mary E. Shaver*6. DATE OF BIRTH (month, day, year) *March, 1873*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

*63**9**1**1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

General Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Freeland*
(State or country) *Md.*13. NAME *Isaac Shaver*14. BIRTHPLACE (city or town) *Freeland*
(State or country) *Md.*15. MAIDEN NAME *Cecilia Miller*16. BIRTHPLACE (city or town) *Freeland*
(State or country) *Md.*17. INFORMANT *Mary E. Shaver*
(Address) *Freeland Md.*18. BURIAL, CREMATION, OR REMOVAL
Mt Zion FREELAND Md Date *12-6-36* 193619. UNDERTAKER *Bernard G. Harle*
(Address) *121 E. West St. BALTO MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 3*, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Exhumation* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Exhumation* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of large intestine.
Fecal fistula.*

Date of onset

Other contributory causes of importance:

*Intestinal obstruction.*Was an operation performed? *Yes* Date of *1935*For what disease or injury? *Carcinoma of large bowel*Name of operation *Enterostomy* Date of *1935*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Shaver* M. D.(Address) *1919 E. North Ave*

Registrar

EC 3-1936

29670

HEALTH DEPARTMENT—CITY OF BALTIMORE

29670

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME

Mr. Webster Clay Smith

(a) Residence: No.

2712 Baker St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia C Hirth

6. DATE OF BIRTH (month, day, year) Jan 30, 1890

7. AGE 46 Years 10 Months 1 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies dresses 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John C. Hirth

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margaret Kochler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Amelia C. Hirth (Address) 2712 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Placed in Druid Ridge Date Dec 4 1936

19. UNDERTAKER

(Address) John C. Hirth 200 E. Williams St.

20. FILED

1936

Recorded

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1936 to Dec 1 1936

I last saw him alive on Dec 1 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular renal disease with anemia

Date of onset

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

For what disease or injury?

What test confirmed diagnosis?

Clinical and laboratory tests

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

L. Claggett, M.D.

(Address)

Union Memorial Hospital

671

F 29671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max SmithIf U.S. Veteran
specify WAR(a) Residence: No. 363 Shaw St

St.,

Ward Yoronto, Canada

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If unmarried, widowed, or divorced

HUSBAND of
(or) WIFE ofBessie6. DATE OF BIRTH (month, day, year) 3-11-817. AGE Years 55 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia13. NAME Louis Smith

14. BIRTHPLACE (city or town) (State or country)

Russia15. MAIDEN NAME Eva Alchins

16. BIRTHPLACE (city or town) (State or country)

Russia17. INFORMANT Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Interred CanadaDate Dec 3, 1936

19. UNDERTAKER

(Address)

Col. Swinson & Bros.1127 E. Baltimore St.FILED 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 193622. I HEREBY CERTIFY. That I attended deceased from Nov 27, 1936, to Dec. 2, 1936.I last saw him alive on Dec. 2, 1936. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

BronchopneumoniaDate of onset
12-1-36

Other contributory causes of importance:

Tumor, Rt. middle fossa of Skull
Benignat least
3 yrs.
agoWas an operation performed? Yes Date of 11-29-36For what disease or injury? TumorWhat test confirmed diagnosis? microscopic section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

A.F. Jones Jr.
Johns Hopkins Hospital

1672

F 29672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Harward 15-3 Ward)Length of residence in city or town where death occurred 42 yrs. 42 mos. 42 ds. How long in U. S. If of foreign birth? 42 yrs. 42 mos. 42 ds.

2. FULL NAME

Eather Korinsky

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____(a) Residence: No. 1620 N. Pulaski St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Late Israel
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 18737. AGE Years 63 Months - Days - If LESS than 1 day, hrs. - or min. -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Russia
(State or country) _____13. NAME Morris Rosenbaum14. BIRTHPLACE (city or town) Russia
(State or country) _____15. MAIDEN NAME Fagil16. BIRTHPLACE (city or town) Russia
(State or country) _____17. INFORMANT M. Korinsky(Address) 621 S. Harward St18. BURIAL, CREMATION, OR REMOVAL Interment Westminster Rd Date Dec 3, 193619. UNDERTAKER Sol Larnson & Bros(Address) 1127 E. Balto St20. FILED 1336 19 11 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 2, 19 3622. I HEREBY CERTIFY, That I attended deceased from Dec, 1, 19 36, to Dec, 2, 19 36I last saw him alive on Dec, 2, 1936 Death is said to have occurred on the date stated above, at 130 Q.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Diabetes
Cardio renal

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Abraham S. Shapiro M. D.(Address) 2028 Eastern Ave

29673

18610

F 29673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 14-1 Ward)Length of residence in city or town where death occurred 1932 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Hester McKinnonRegistered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 1509 W. Mulberry St. St., 14-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Samuel (D)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-2-18917. AGE Years 45 Months 4 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown (Day work)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 45 7012. BIRTHPLACE (city or town) North Carolina
(State or country)FATHER 13. NAME Andy Everett
14. BIRTHPLACE (city or town) North Carolina
(State or country)MOTHER 15. MAIDEN NAME Lucy (unknown)
16. BIRTHPLACE (city or town) North Carolina
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place mt. Zion Date Dec 3, 3619. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schenck St.FILED 1936
3-1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 193622. I HEREBY CERTIFY, That I attended deceased from 11-10, 1936 to 12-1, 1936I last saw him alive on 12-1, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Date of onset 1 yr.

Other contributory causes of importance:

Infection 6 mo.Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. H. Rogers M. D.(Address) Balt. City Hosp.

9674

B-1268-9

F 29674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltic City Nos. 13-734-B-114B* St., *13-734-B-114B* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Frank M. Masilek*If U. S. Veteran
specify WAR(a) Residence: No. *3415 Keswick Ave.* St., *13-734-B-114B* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Sallie E.*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 31 1892*7. AGE Years *44* Months *1* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrical worker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *East Electric Co.*
10. Date deceased last worked at this occupation (month and year) *Oct 1919* 11. Total time (years) spent in this occupation *44*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Albert Masilek*14. BIRTHPLACE (city or town) *Austria*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Austria*
(State or country)17. INFORMANT *Mrs. Sallie E. Masilek*(Address) *3415 Keswick Road.*18. BURIAL, CREMATION, OR REMOVAL *St. Mary's Hospital* Date *12/4/19*19. UNDERTAKER *Walter Davis*(Address) *3415 Keswick Ave.*20. FULL *1936* 19 *0* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 2, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pressure obstructing trachea

Other contributory causes of importance:

*Portia murmur*Was an operation performed? Date of *none*

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) *1010 S. Glendora Ave.* M. D.Coroner *Arce*

29675

HEALTH DEPARTMENT—CITY OF BALTIMORE

29675

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5101 Gwyn Cat* (St. *28-2* Ward)Length of residence in city or town where death occurred *45* yrs. *5* mos. *15* ds. How long in U. S. If of foreign birth *75* yrs. *5* mos. *15* ds.

2. FULL NAME

(a) Residence: No. *5101 Gwyn Cat* St. *28-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Sarah</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| 7. AGE | Years <i>60</i> | Months Days If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Pet Merchant</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Clothing</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Abraham Isaac*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Goldie*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Family*
(Address)18. BURIAL, CREMATION, OR REMOVAL *12-3-36*
Public Lapidary Date19. UNDERTAKER *Public Lapidary*
(Address)20. FILED *12-3-1936*
Resident

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-2-36*22. I HEREBY CERTIFY, That I attended deceased from *June* 19*34* to *Dec. 2* 19*36*I last saw him alive on *Dec. 2* 19*36* Death is said to have occurred on the date stated above, at *10:40* a.m.

The principal cause of death and related causes of importance were as follows:

*Coronary Occlusion
Hypertension
Arteriosclerosis*

Date of onset

*12/2/36**8**1*

Other contributory causes of importance:

*Diabetes mellitus**?*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *P. F.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Maxa Sherry* M. D.(Address) *3403 Forest Park Ave.*

29676

HEALTH DEPARTMENT—CITY OF BALTIMORE 29676

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME M. Edward Lawrence Kaufman, Sr.(a) Residence: No. Westminster Maryland St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mrs. Theresa
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 25, 18657. AGE Years _____ Months 5 Days 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, saw, etc., bookkeeper, etc. Paint & glass business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 35 yrs12. BIRTHPLACE (city or town) Pleasant Valley, Md.
(State or country)13. NAME Mr. Jacob Kaufman (d)
14. BIRTHPLACE (city or town) _____
(State or country)15. MAIDEN NAME Miss Sarah Bennie
16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT Mr. Edward Lawrence Kaufman
(Address) Westminster, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Wood Ridge Cem. Date Dec 6, 3619. UNDERTAKER J. B. Bembard, Jr.
(Address) Westminster, Md.

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936 to Dec 3, 1936I last saw him alive on Dec 3, 1936 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the prostate
hemorrhage from
urinary bladderDate of onset
18 mo.
18 mo.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury _____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Edward L. Kaufman M. D.(Address) Westminster, Md.

EC 3-1936

F 29677

29677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 2. Ball ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 765 W. Lexington St. St. 4-2 Ward. Ball (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Not Known |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| About | 55 | | | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Not Known

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem

Date 12/5 1936

19. UNDERTAKER

(Address)

Robert Brooks & Son
Cathart & Haller St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an Inquiry thereon and from the evidence
obtained by said Inquiry find that said deceased came
to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Acute Alcoholism

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. H. O'Neil

Coroner

M. D.

(Address)

2757 E. North Ave

F 29678

10390

F 29678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. HileIf U.S. Veteran
specify WAR(a) Residence: No. 1527 N. Fulton Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Blanche
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-13-18777. AGE Years 59 Months 9 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Peter14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Hannah Linderman16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 12/4 193619. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins St

20. FILED

Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1936

22. I HEREBY CERTIFY, That I attended deceased from

1-19 1932 to 12-2 1936I last saw him alive on 12-2 1936 Death is saidto have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Benign hypertrophy of prostate Date of onset 2 yrs.

Other contributory causes of importance:

Secondary hemorrhage 1 dayWas an operation performed? yes Date of 12-1-36For what disease or injury? Hypertrophy of prostateWhat test confirmed diagnosis? autopsy an autopsy? yes

23. If death was due to external causes (violence) fill in also as follows:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. A. Appender M. D.
(Address) Balt. City Hosp.

F 29679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Latrobe St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1707 Latrobe St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female 4. Color or Race: Colored 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Edward Turner

6. DATE OF BIRTH (month, day, year): Jan, 20-1906

7. AGE: Years: 30 Months: 10 Days: 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: 20 3/4

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER: 13. NAME: Harry Gushy

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER: 15. MAIDEN NAME: Mary Helen

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Edw. Turner 1707 Latrobe St.

18. BURIAL, CREMATION, OR REMOVAL: _____ Date: 12/4/36

19. UNDERTAKER: Burial Home 815 W. 3rd St.

20. FILED: 1936 Registrar: _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1936 to Nov. 30, 1936

I last saw him alive on Nov. 25, 1936. Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis 1 yr from history one model from post-mortem

Other contributory causes of importance:

Name of operation: none Date of: _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury: _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) M. L. Ladd M.D.

(Address) 426 E 23rd St.

✓ F 29680

29680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred: life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Jean C. Vogl

(a) Residence: No. 1830-Hope Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

| | |
|-------------------------------------|------------------------|
| 6. DATE OF BIRTH (month, day, year) | 9/3/33 |
| 7. AGE | Years Months Days |
| 3 | 2 29 |
| | 1 day or min. XXXXXXXX |

| | | |
|------------|---|------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | None |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

| | | |
|--------|-------------------------------|----------------|
| FATHER | 13. NAME | John Vogl |
| | 14. BIRTHPLACE (city or town) | Baltimore, Md. |
| | (State or country) | |

| | | |
|--------|-------------------------------|----------------|
| MOTHER | 15. MAIDEN NAME | Edna Shoemaker |
| | 16. BIRTHPLACE (city or town) | Baltimore, Md. |
| | (State or country) | |

17. INFORMANT John Vogl
(Address) 1830-Hope Street18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 12/4/3619. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Enteritis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Paul Oberlander Coroner M. D.
(Address) 1919 E. North Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

✓ F 29681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745-N. Bond Street St. 8-6 Ward)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

No

specify WAR

2. FULL NAME

Lola Dorn Francis

(a) Residence: No. 1745-N. Bond Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of George W. Francis (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/21/1873

7. AGE Years Months Days If LESS than 1 hr. or min. 63 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, DC.

13. NAME Frank Gardner

14. BIRTHPLACE (city or town) (State or country) Washington DC

15. MAIDEN NAME Lillian Dorn

16. BIRTHPLACE (city or town) (State or country) Washington DC

17. INFORMANT Dorn Francis (Address) 3739-Oakmont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date 12/4/36 19

19. UNDERTAKER George Smith, Inc. (Address) 1735-N. Bond Ave.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Wheeler

Coroner

M. D.

1918 E. North Ave.

29682

HEALTH DEPARTMENT—CITY OF BALTIMORE

29682

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *203 W. Hoffman St.* Ward *11-4*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *203 W. Hoffman St.* Ward *11-4*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Col.</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced, HUSBAND of <i>Hattie Holmes</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>November 27, 1876</i> | | |
| 7. AGE <i>60</i> | Years | Months |
| | | Days |
| | | If LESS than 1 day, _____ hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Janitor</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <i>0070</i> | |

12. BIRTHPLACE (city or town). (State or country) *Chilboe, Va.*13. NAME *Clairborne Holmes*14. BIRTHPLACE (city or town). (State or country) *Va.*15. MAIDEN NAME *Martha*16. BIRTHPLACE (city or town). (State or country) *Va.*17. INFORMANT *Hattie Holmes*(Address) *203 W. Hoffman St.*

18. BURIAL, CREMATION, OR REMOVAL

Placed *Robert H. Young*19. UNDERTAKER *Robert H. Young*(Address) *804 W. Calverline St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 1, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Nov. 20, 1936, to Dec. 1, 1936.*I last saw him alive on *Dec. 1, 1936.* Death is said to have occurred on the date stated above, at *6:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic interstitial nephritis*Date of onset *about 1920*Other contributory causes of importance: *None*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *W. H. Calverline*

M. D.

(Address) *817 Franklin St.*

F 29683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29683

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Montibello Terrace St., 27-3 Ward)Registered No. 93-P(If death occurred
a hospital or institution
give its NAME inside
of street and number.)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2316 Montibello Terrace St., 27-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or divorced (write the word) Widowed

6a. If married, widowed, or divorced, name of (or) WIFE of Jacob Turner

6. DATE OF BIRTH (month, day, year) November 24 1848

7. AGE 88 Years 8 Months 8 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Thinechester Va.

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Thinechester Va.13. NAME Turner14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Jane16. BIRTHPLACE (city or town) (State or country) Thinechester Va.17. INFORMANT (Address) Mrs Helen Johnson (Daughter) 2316 Montibello Terrace18. BURIAL, CREMATION, OR REMOVAL Place Not known Date Dec. 5 193619. UNDERTAKER (Address) Robert H. Young 804 W. Calver St.20. FILED 3-1836 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to Dec. 1, 1936I last saw her alive on Dec. 1, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial insufficiency
with pulmonary edemaDate of onset Unknown

Other contributory causes of importance:

SenilityWas an operation performed? No Date of 1

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: None Date of injury 19Accident, suicide, or homicide? None Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No(Signed) R. Campbell M. D.(Address) 718 Dolphin St.

29684

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29684

CERTIFICATE OF DEATH

18877

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Baltimore City Hospitals

St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Kerr

If U.S. Veteran specify WAR

(a) Residence: No. 1207 W. Ostend St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Kerr

6. DATE OF BIRTH (month, day, year) 3-18-1865

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 71 | 8 | 15 | | |

| | | |
|------------|---|---------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | unknown |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

| | | |
|--------|---|-----------|
| FATHER | 13. NAME | John Kerr |
| | 14. BIRTHPLACE (city or town) (State or country) | Ireland |

| | | |
|--------|---|-------------|
| MOTHER | 15. MAIDEN NAME | Jane Coburn |
| | 16. BIRTHPLACE (city or town) (State or country) | Ireland |

17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Sep. 7, 193619. UNDERTAKER Henry Zbeck Adams, Inc.
(Address) 1001 E. Bay St.

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-21, 1936 to 12-3, 1936

I last saw him alive on 12-3, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) 5 days

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

8 mks

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John L. Karmy M.D.
Baltimore City Hospital

29685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29685

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 28-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town before death occurred *2* yrs. — mos. — ds. How long in U. S. If of foreign birth? *44* yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *Mount Hope Retreat* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 28-1869*7. AGE Years *67* Months *1* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *65*12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Xavier Knoeffler*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Crescenzia Staerk*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Records of St. Joseph's Hospital*
(Address) *Caroline & Oliver*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Joseph's Cemetery* Date *Dec. 4* 19*36*19. UNDERTAKER *Thos. Frank Co., Inc.*
(Address) *1501 E. Fayette St.*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 2-* 19*36*22. I HEREBY CERTIFY That I attended deceased from *12/20* 19*34* to *Dec. 2-* 19*36*I last saw him *alive* on *Dec. 2* 19*36* Death is said to have occurred on the date stated above, at *1:30 a* m.

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Mitral Stenosis*

Date of onset

?

Other contributory causes of importance:

*diffuse myocardial
injury with decompensation 2 wks*

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *findings* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed) *Danman P. Alagona* M. D.(Address) *3326 Fiddlers Green*

F 29686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Rosenthal

If U.S. Veteran specify WAR

(a) Residence: No.

176-32 2nd St.

St.,

Ward.

Bayonne - N. J.

(If non-resident give city or town and date)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

2/5/36

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

109

28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New Jersey

FATHER

13. NAME

Sam Rosenthal

14. BIRTHPLACE (city or town) (State or country)

Gena

MOTHER

15. MAIDEN NAME

Esther Chertoff

16. BIRTHPLACE (city or town) (State or country)

New Jersey

17. INFORMANT

(Address)

Reynolds

18. BURIAL, CREMATION, OR REMOVAL

Place

New Jersey

Date 12-3-36 19

19. UNDERTAKER

(Address)

1439 E. 1st St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec 3, 1936

I last saw him alive on Dec. 3, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Operative Shock

Date of onset

12-2-36

Other contributory causes of importance:

Congenital Hydrocephalus

Life

Was an operation performed? Yes

Date of

12-2-36

For what disease or injury?

Hydrocephalus

What test confirmed diagnosis? Operation there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

A.F. Jonas Jr.

M. D.

(Address)

The Johns Hopkins Hospital

29687

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29687

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womans Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Pocomoke, Md.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 27 - 1898*7. AGE Years *4-3* Months *—* Days *6* If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Teacher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *Nov 24 1936* 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Pocomoke City* (State or country) *Maryland*13. NAME *James H. Stevenson*14. BIRTHPLACE (city or town) *Pocomoke City* (State or country) *Maryland*15. MAIDEN NAME *Eugenie C. Hargis*16. BIRTHPLACE (city or town) *Pocomoke City* (State or country) *Maryland*17. INFORMANT *James H. Stevenson* (Address) *Pocomoke City, Md.*18. BURIAL, CREMATION, OR REMOVAL *Pocomoke City, Md.* Date *Dec 6 1936*19. UNDERTAKER *Vernon Stevenson* (Address) *Pocomoke City, Md.*20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 3*, 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Nov. 27*, 19*36*, to *Dec. 3*, 19*36*I last saw her alive on *Dec. 3*, 19*36*. Death is said to have occurred on the date stated above, at *11 45* m.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Broncho-Bilateral

Date of onset

Dec. 1, 1936

Other contributory causes of importance:

*Peritonitis - Streptococci*Was an operation performed? *Yes* Date of *Nov. 27, 1936*For what disease or injury? *Peritonitis*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. H. Hamilton M. D.
Womans Hospital

29688

✓ F 29688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *518 Rose Hill Terrace* 9-1 Ward)Registered No. *97*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *77* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *518 Rose Hill Terrace* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, name of HUSBAND of *Susan Thompson*6. DATE OF BIRTH (month, day, year) *Oct. 16 18 59*7. AGE Years *77* Months *1* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stone Worker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *1928* 11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) (State or country) *City*13. NAME *Daniel J. Thompson*14. BIRTHPLACE (city or town) (State or country) *Scotland*15. MAIDEN NAME *Elizabeth Ann Williams*16. BIRTHPLACE (city or town) (State or country) *City*17. INFORMANT *Elizabeth T. Mengel* (Address) *518 Rose Hill Terrace*18. BURIAL, CREMATION, OR REMOVAL *Woodlawn Cem.* Date *Dec 4th 1936*19. UNDERTAKER *John A. Moran* (Address) *3070 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/2/ 1936*22. I HEREBY CERTIFY. That I attended deceased from *Jan 31* to *Dec 2* 1936I last saw him alive on *Dec 1* 1936. Death is said to have occurred on the date stated above, at *10 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary and general arteriosclerosis

Other contributory causes of importance:

*Pulmonary edema*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *E.C.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: assault, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) *W. W. Smith* M. D.(Address) *3429 Chestnut Ave*

3-1936

29689

F 29689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 5-2* St. *5-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Melvin or Whalen

If U. S. Veteran

specify WAR

(a) Residence: No. *603 Essex St.* St., *5-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *?*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *?*

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *About 72*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *?*13. NAME *?*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *?*

17. INFORMANT

(Address) *Northeastern Police Station*

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Ave*

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11/11/1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy, or Inquiry)obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Right Femur
Fracture of Right humerus

Other contributory causes of importance:

*Pneumonia (hypostatic)*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Causal* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of Injury *11/3/1936*Where did injury occur? *In Street - Balto. Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury *Fall on pavement*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

Paul Chamber

Coroner

M. D.

(Address)

1918 E. North Ave.

2799 #

✓ F 29690

29690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. High St. St., 5-2 Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 221 N. High St. St., 5-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of unknown
(or) WIFE of6. DATE OF BIRTH (month, day, year) unknown7. AGE Years 83 Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto
(State or country)FATHER 13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL DEC 3 - 1936
Place Union of Md.19. UNDERTAKER Commissioner of Health
(Address) For H. A. Moore20. FILLED 1936 27-18 H Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Chas. B. Wallace M. D.(Address) 1031 St. Paul St.

29691

✓ F 29691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 W. Garrison Ave. St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William F. Ernst C-2371506If U. S. Veteran specify WAR Spanish(a) Residence: No. 3815 W. Garrison Ave. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Emma L. Ernst (Traupe) (or) WIFE of6. DATE OF BIRTH (month, day, year) Apr. 20, 18787. AGE Years 58 Months 7 Days 12 If LESS than 1 day, hrs. or m'n.8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 193611. Total time (years) spent in this occupation 3312. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Henry Ernst
FATHER Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Heise
MOTHER16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Emma L. Ernst
(Address) 3815 Garrison Ave.18. BURIAL, CREMATION, OR REMOVAL Place National Date Dec. 5, 3619. UNDERTAKER Richard W. Meyer
(Address) 1620 Ashburton St.20. FILED 1336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 2. 193622. I HEREBY CERTIFY. That I attended deceased from 1129.36 19 to 12. 2. 1936I last saw him alive on 12. 2. 1936 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate and Bladder

Date of onset

6 mo.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Pt. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph S. Blum
1206 E. Putnam St. M. D.

29692

HEALTH DEPARTMENT—CITY OF BALTIMORE

29692

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Charles Ave St., 9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Edwin Leitner

If U. S. Veteran

specify WAR No(a) Residence: No. 3014 Charles Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Ella C Leitner</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Dec 18 1848</u> | | |
| 7. AGE | Years <u>88</u> | Months <u>7</u> |
| | Days <u>14</u> | If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Builder</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>1929</u> | 11. Total time (years) spent in this occupation <u>40</u> |

12. BIRTHPLACE (city or town)
(State or country) Pa.

FATHER

13. NAME Daniel Leitner14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gray16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Edwin Leitner(Address) 3014 Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/5 193619. UNDERTAKER William J. [unclear](Address) 1217 [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1936 Dec 2 1936I last saw him alive on Dec 2 1936 Death is said to have occurred on the date stated above, at 3:50 PM

The principal cause of death and related causes of importance were as follows:

myocardial infarction

Date of onset

Nov 21

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. J. [unclear](Address) 1838 [unclear]W. J. [unclear] M. D.

FILED

EC-3-1936

RECEIVED

29693

F 29693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10818940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Griffin

If U.S. Veteran

specify WAR

(a) Residence: No.

960 N. Chester St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Separated

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Gennie Griffin

6. DATE OF BIRTH (month, day, year)

8-1-1890

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

46

4

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Muhly Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore, Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Harry Griffin

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Alma Deebing

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Home Dec 5 1936

19. UNDERTAKER

Leo S. Brook
1703 N. Pratt Park Ave

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

12-3-1936

22. I HEREBY CERTIFY, That I attended deceased from

11-23-1936 to 12-3-1936

I last saw him alive on 12-3-1936 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumococcal Lobar Pneumonia

Date of onset

2 mks

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

M. D.

✓ F 29694

29694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4502 Mary Ave. St. 26-1 Ward)Registered No. 168

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Charles C. Chambers(a) Residence: No. 4502 Mary Ave. St. 26-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence Burrier Chambers6. DATE OF BIRTH (month, day, year) Jan. 21, 18797. AGE Years 57 Months 10 Days 20 If LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chief Engineer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Steamship Co 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto., Md (State or country)13. NAME Charles C. Chambers 14. BIRTHPLACE (city or town) Balto., Md. (State or country)15. MAIDEN NAME Mary E. Feurstein 16. BIRTHPLACE (city or town) Balto., Md (State or country)17. INFORMANT Mrs. Thos. Johnson (Sister) (Address) 1410 Williams St.18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Dec. 4 193619. UNDERTAKER Margaret G. Flynn (Address) 1410 Williams St.20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/36 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Impulse, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Laceration of Neck

Other contributory causes of importance:

HemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: Suicide Date of injury 12/1/36Where did injury occur? 4502 Mary Ave. Balto. Md (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Cut neck with a razor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chamberlin Coroner(Address) 1918 E. North Ave. M. D.

29695

F 29695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3431 Elmly Ave St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barbara L OswinkleIf U. S. Veteran, specify WAR Record(a) Residence: No. 3431 Elmly Ave St., 50 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of Miriam A6. DATE OF BIRTH (month, day, year) Aug 1870

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

664

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

103710. Date deceased last worked at this occupation (month, day, year) 12/3/3611. Total time (years) spent in this occupation 45 1/212. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Arthur Donaldson14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Rutter16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Miriam A Oswinkle (Address) 3431 Elmly Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/7/3619. UNDERTAKER William Cook (Address) 1217 24th Ave SE20. FILED 1936 21. REGISTRAR 111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Dec 3, 1936I last saw him alive on Oct 29, 1936 Death is said to have occurred on the date stated above, at 1:30 P.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Chronic HepatitisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. H. H. H. H. H.

M. D.

(Address) 1305 N. Patterson Park

F 29696

F 29696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 7 Baltimore Ward) 20-3Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 1/2 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 1/2 yrs. 4 mos. 4 ds.

If U. S. Veteran

specify WAR NO

2. FULL NAME

(a) Residence: No. 2019 7 Baltimore St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of George Schultheis (or) WIFE of6. DATE OF BIRTH (month, day, year) May 14, 18767. AGE Years 60 Months 6 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

FATHER

13. NAME Adolph Schultheis14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Jacob G. Schultheis(Address) 2019 7 Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place HeavenDate 12/4 193619. UNDERTAKER Thomson(Address) 1217 1st St20. FILED 15381936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 193622. I HEREBY CERTIFY, That I attended deceased from June 10th 1936, to Dec. 1 1936I last saw her alive on Dec. 1 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance

Arterial HypertensionWas an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Adolph H. Brautten M. D.(Address) 4209 - Audubon Ave

F 29697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29697

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 1st Duncan St. Ward 8-2)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Nancy(a) Residence: No. 1820 1st Duncan St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Louis Nancy6. DATE OF BIRTH (month, day, year) Sept 18-18657. AGE Years 71 Months 2 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto Ind13. NAME John Sullivan 14. BIRTHPLACE (city or town) (State or country) Nate Unknown15. MAIDEN NAME Baeto Ind 16. BIRTHPLACE (city or town) (State or country) Balto Ind17. INFORMANT Louis Nancy (Address) 1820 1st Duncan18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 12/4/193619. UNDERTAKER Mulligan (Address) 1217 5th Ave SE20. FILED 19 1 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
Cardiac Failure

Other contributory causes of importance:

Fracture Skull (Gen.)Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Whelan Coroner

M. D.

(Address) 1918 E. North Ave

29698

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29698

CERTIFICATE OF DEATH

✓ 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Ormid Hill Ave St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1324 Ormid Hill Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary A. Hunter
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 14 - 18707. AGE Years 66 Months 9 Days 17 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns 10. Date deceased last worked at this occupation (month and year) 0070 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country)FATHER 13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Amanda Hunter
(Address) 1324 Ormid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Hubert Date Reg 4 136

19. UNDERTAKER

(Address) 638 N. Gilmore St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1936, to Dec 1, 1936I last saw him alive on Dec 1, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Aug 1936

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Max W. Donald(Address) 844 7 Carey

M. D.

29699

F 29699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St Vincent's Hospital Home*
 CITY OF BALTIMORE: (No. *6700 Risterstown Rd.* St., *28-1* Ward)
 Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *186-0* yrs. *0* mos. *0* da.
 2. FULL NAME *John Prince*
 (a) Residence: No. *St Vincent's Home* St., *6700 Risterstown Rd.* Ward. (If non-resident give city or town and State)
 (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *no*

6. DATE OF BIRTH (month, day, year) *Aug. 1 1935*
 7. AGE Years *1* Months *4* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *George Prince*
 14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

15. MAIDEN NAME *Madeleine Gessner*
 16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

17. INFORMANT *Bureau Catholic Charities*
 (Address) *2700 Risterstown Rd.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Holy Redeemer* Date *Dec 4* 19*36*

19. UNDERTAKER *George J. Ruth*
 (Address) *1735 Maryland*

20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 2, 1936*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.
 The principal cause of death and related causes of importance were as follows: *7:10 PM*

Broken neck.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *acc.* Date of injury *12-2, 1936*

Where did injury occur *St Vincent's Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *in the St Vincent's Home*

Manner of injury *fell out of 4th floor*

Nature of injury *fractured neck*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Cham* Coroner M. D.

(Address) *1210 Hamp ar*

HEALTH DEPARTMENT—CITY OF BALTIMORE

29700

CERTIFICATE OF DEATH

F 29700

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Brannan St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Lutz Jr.(a) Residence: No. 2809 Brannan (Usual place of abode) Ward 15-13 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6, 19307. AGE Years 6 Months 3 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Twining Rock (State or country)13. NAME Robert M. Lutz Jr.14. BIRTHPLACE (city or town) West Fairfield Pa (State or country)15. MAIDEN NAME Edna Hoffmeyer16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Edna Hoffmeyer (Address) 2809 Brannan18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Date Dec 5, 193619. UNDERTAKER Harry W. Eiden (Address) 1944 4th

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1936 to Dec 2, 1936I last saw him live on Dec 2, 1936 Death is saidto have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs
and pericarditis
(acute pneumonic phthisis)Date of onset About 5 months ago

Other contributory causes of importance:

Operation for appendicitisName of operation Appendectomy Date of 5 months agoWhat test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) E. A. Peterson M. D.(Address) 4135 Roland Ave.,Baltimore, Md.

F 29701 *Brunett* **F 29701** **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH *X 170*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *9-6* Ward)

Length of residence in city or town where death occurred yrs. mos. *9* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Harry Brunetta*

(a) Residence: No. *201 E. 32nd* St., Ward. *Charmington Md*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. Color or Race **WHITE** 5. Single, Married, Widowed, or Divorced (write the word) **MARRIED**

5a. If married, widowed, or divorced HUSBAND of *Minnie Brunett* (or WIFE of)

6. DATE OF BIRTH (month, day, year) *Oct. 2, 1896*

7. AGE *40* Years Months *2* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman lab*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lab*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Washington, D.C.* (State or country)

13. NAME *Julian Brunett*
14. BIRTHPLACE (city or town) *Maryland* (State or country)

15. MAIDEN NAME *Martha Shaw*
16. BIRTHPLACE (city or town) *Maryland* (State or country)

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Silver Spring Md* Date *12/11/36*

19. UNDERTAKER *Warner E. Pumphrey* (Address) *Silver Spring Md*

20. FILED *330* 194 *12* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 4*, 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 25*, 19 *36*, to *Dec. 4*, 19 *36*

I last saw him alive on *Dec. 4th*, 19 *36* Death is said to have occurred on the date stated above, at *3:50 a.m.*

The principal cause of death and related causes of importance were as follows:
Ulcerative Colitis, Chronic Idiopathic Date of onset *1932*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *11-28-36*
For what disease or injury? *Ulcerative Colitis*

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. H. Gillis M. D.
Mercy Hospital

F 29702

702 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Garage in Rear of 2426 E. Biddle St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2326 E. Biddle St.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Anita Wolf

6. DATE OF BIRTH (month, day, year)

July 3, 1897

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

39

4

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Louis Wolf

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Catherine Snyder

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

Mrs. Katherine Kallish

(Address)

2326 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn

Date

12/5

19

19. UNDERTAKER

(Address)

J. Heumann & Son

Beverly

20. FILED

4-1036

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry

obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon monoxide poisoning (exhaust fumes)

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury 12/2, 1936

Where did injury occur? 12426 E. Biddle St., Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public place

Garage at above address

Manner of injury Inhalation fumes, exhaust

Nature of injury fumes

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

(Address) 1418 E. North Ave.

29703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29703

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Walbrook Ave. St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

3100 Walbrook Ave. St. 15-7

Ward.

Evelyn Penn

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Jackson Hear

6. DATE OF BIRTH (month, day, year) Mar. 8, 1868

7. AGE Years 68 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fulton Co. Pa.

13. NAME Johnathan Ruax

14. BIRTHPLACE (city or town) (State or country) Fulton Co. Pa.

15. MAIDEN NAME Elizabeth Garland

16. BIRTHPLACE (city or town) (State or country) Fulton Co. Pa.

17. INFORMANT Rev. Melvyn Gump 3100 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place Everitt Pa. Date Dec. 5, 1936

19. UNDERTAKER Roland L. Ferkler 612 N. Monroe St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd, 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Dec 3rd, 1936

I last saw him alive on Dec 3rd, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-vascular Renal disease

Other contributory causes of importance:

Uræmia

Name of operation none Date of

What test confirmed diagnosis? Cliniscan

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) 3045 W North

F 29704

HEALTH DEPARTMENT—CITY OF BALTIMORE

29704

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1030* *Aslington* St., *16-1* Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1030* *Aslington* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *James Lewis*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 1881*7. AGE Years *55* Months *1* Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Va*
(State or country)FATHER 13. NAME *James Lewis Corbin* 14. BIRTHPLACE (city or town) *Va*
(State or country)MOTHER 15. MAIDEN NAME *Unknown* 16. BIRTHPLACE (city or town) *n*
(State or country)17. INFORMANT *James Lewis*
(Address) *1036 Aslington Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Auburn* Date *12/7/1936*19. UNDERTAKER *Thomas E. Kelson*
(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/3*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 26* to *12/3*, 19*36*I last saw him alive on *Dec 2*, 19*36* Death is said to have occurred on the date stated above, at *94* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patrol Regurgitation

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

DEC 4 - 1936

321734
29705

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29705

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George S. Johnson

If U.S. Veteran

specify WAR

(a) Residence: No. 304 Spring (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-3-35

7. AGE Years 1 Months 13 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Lee Johnson

14. BIRTHPLACE (city or town) (State or country)

N. Car

15. MAIDEN NAME

Marie Murel

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

18. BURIAL, CREMATION, or RITE

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 23, 1936, to Dec 2, 1936

I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Malnutrition

Weakly

Anemia

Sclerosis

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. C. Stifler Jr.

M. D.

(Address)

Johns Hopkins Hospital

3/2/33
29706

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29706

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Winifred Taylor

If U.S. Veteran specify WAR

(a) Residence: No. 1632

Mulliken

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/5/36

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

Otis Taylor

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME

Cornelia Edwards

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cnd Date 12-4-36

19. UNDERTAKER

(Address)

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 23, 1936 to Dec 2, 1936

I last saw his alive on Dec 2, 1936 Death is said

to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of the heart

Date of onset

Birth

Other contributory causes of importance:

(Lt. Upper) Lobar Pneumonia

11-22

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. A. Cunningham

(Address)

John Hopkin Hosp

M. D.

29707

19025

F 29707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34B-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. 9 mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.2. FULL NAME James Foster(a) Residence: No. 811 N. Caroline St. St. Ward. Little Rock Ark.
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Elizabeth
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-22-19077. AGE Years Months Days If LESS than 1 day, hrs. or min.
29 8 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arkansas
(State or country)13. NAME Phillip14. BIRTHPLACE (city or town) N. C.
(State or country)15. MAIDEN NAME Augusta Henderson16. BIRTHPLACE (city or town) S. C.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Little Rock, Ark. Date Dec 4 193619. UNDERTAKEN Mrs. P. Elliott - daughter
(Address) 29 Caroline St.20. FILED 1836 RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 193622. I HEREBY CERTIFY, That I attended deceased from 11-27 1936 to 11-29 1936I last saw him alive on 11-29 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 14 daysOther contributory causes of importance: noneWas an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospital

29708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29708

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2318 W. Fayette* St., *20* Ward)Length of residence in city or town where death occurred: *20* yrs. *2* mos. *2* ds. How long in U. S. if of foreign birth? *20* yrs. *2* mos. *2* ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *2318 W. Fayette* St., *20* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *Theresa Baith*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 18, 1860*7. AGE *76* Years *3* Months *15* Days If LESS than 1 day. *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Car Repairer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *BOOKER*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Anton*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Anton*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs Theresa Baith*
(Address) *2318 W. Fayette St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *12/7/36*19. UNDERTAKER *John J. Cowan & Son*
(Address) *1901 Patterson St.*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/3/36*22. I HEREBY CERTIFY. That I attended deceased from *Nov. 15, 36* to *Dec 3, 1936*I last saw him alive on *Dec 3rd* 1936. Death is said to have occurred on the date stated above, at *7:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1936

Other contributory causes of importance

*none*Was an operation performed? *no* Date of *—*For what disease or injury? *none*Name of operation *—* Date of *—*What test confirmed diagnosis? *Physic* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. H. Hinton,* M. D.(Address) *188 W. Lombard St.*

29709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29709

CERTIFICATE OF DEATH

✓ 92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. *8* mos. *10* ds. How long in U. S. *10-1* If of foreign birth? *10* yrs. *10* mos. *10* ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Edward J. Garrigan(a) Residence: No. *Little Sisters of the Poor* - St., *1200 Valley* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Catherine Foley*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 1862?*7. AGE *74* Years *8* Months *9* Days If LESS than 1 day, *0040* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Peter Garrigan*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Catherine Murray*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Sister Stanislaus, Inf.* (Address) *1200 - Valley Street - city*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *12/5/1936*19. UNDERTAKER *John J. Corcoran & Son* (Address) *907 S. Calver St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 3, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 31* to *Dec 3*, 1936I last saw him alive on *Dec 28*, 1936. Death is said to have occurred on the date stated above, at *3:43 A.M.*

The principal cause of death and related causes of importance were as follows:

Cor. Endocarditis

Other contributory causes of importance:

*Cor. (Coronary) Arterio Sclerosis*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Thy* Date of *no*What test confirmed diagnosis? *Thy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *M. A. Curran* M. D.(Address) *1114 N. Harbor Ave*

29710

29710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran

2. FULL NAME

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <i>male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Cole

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day,.....hrs. or.....min. |
| | 60 | | | |

| | | | |
|------------|---|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |

12. BIRTHPLACE (city or town).....Ind
(State or country)

| | |
|----------|--------------|
| 13. NAME | Charles Cole |
|----------|--------------|

14. BIRTHPLACE (city or town) *And*
(State or country)

| | |
|-----------------|----------------|
| 15. MAIDEN NAME | Henrietta Ryeo |
|-----------------|----------------|

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sarah Dufrenoy
(Address) 1711 W. 7th. S. Chester Pa

18. BURIAL, CREMATION, OR REMOVAL.

Place mt Auburn Conn Date 12-4-79

19. UNDERTAKER *Thomas E. Nelson*
(Address) *1303 Preston St*

FILED 1979-10-17 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Erwin B. Wallace M. D.

(Address) 1031 St Paul St _____

F 29711

F 29711 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Guilford Ave. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME WILLIAM H. PEAKE

(a) Residence: No. 3122 Guilford Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 29th. 1871

7. AGE Years 65 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Haven Ky.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Catherine Walker (Address) 3122 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Dec. 5, 1936

19. UNDERTAKER Chas. E. Grace & Son (Address) 115 N. W. Royal Ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2nd 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 28, 1936, to Dec 2, 1936. I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

11/30/36

Other contributory causes of importance:

Chronic Myocarditis

7

Was an operation performed? no Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) William R. Graggs M. D.

(Address) 10 E. Biddle St.

29712

F 29712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor 10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

August Stry

If U. S. Veteran specify WAR

(a) Residence: No. *Little Sisters of the Poor 1200 Valley* St., *10-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *?*5a. If married, widowed, or divorced HUSBAND of *Elizabeth Schepacoff* ? (or) WIFE of6. DATE OF BIRTH (month, day, year) *24 July 1859*7. AGE Years *77* Months *4* Days *9* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Superintendent of Concrete Works*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
10. Date deceased last worked at this occupation (month and year) *1936* 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Vaudby - France* (State or country)13. NAME *Pierre Stry*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Margaret Apparu*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup* (Address) *1200 Valley Street, etc*

18. BURIAL, CREMATION, OR REMOVAL

Place *Loudon Park* Date *Dec 5, 1936*19. UNDERTAKER *Rita Wiedefeld* (Address) *914 Greenmount Ave*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 3 - 1936*22. I HEREBY CERTIFY That I attended deceased from *Dec 3, 1936*I last saw him alive on *Nov 28, 1936*. Death is said to have occurred on the date stated above, at *3:15 A.*

The principal cause of death and related causes of importance were as follows:

Chor. Endocarditis

Date of onset

2

Other contributory causes of importance

*Arterio Sclerosis*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Phys* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

R. M. C. Parker

M. D.

(Address)

111 & Hartford

F 29713

29713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 May St. 5-1 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1417 May St. 5-1 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cel 5. Single, Married, Widowed, or Divorced (write the word) 5

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18767. AGE 60 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) (State or country) Portsmouth Va13. NAME Wm. J. Moore14. BIRTHPLACE (city or town) (State or country) Wm. J. Moore15. MAIDEN NAME Wm. J. Moore16. BIRTHPLACE (city or town) (State or country) Wm. J. Moore17. INFORMANT (Address) Police Records18. BURIAL, CREMATION, OR REMOVAL Place Wm. J. Moore DEC 4 - 193619. UNDERTAKER (Address) Per H. A. Moore20. FILED 1936 2800

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Radio Recycled on Royal
Carcinoma StomachDate of onset 11/1/36

Other contributory causes of importance:

Was an operation performed? 7 Date of 7For what disease or injury? 7Name of operation AutopsyWhat test confirms Autopsy Was there an autopsy no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19 Date of injury 19Where did injury occur? 19 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 19Manner of injury 19Nature of injury 1924. Was disease or injury in any way related to occupation of deceased? 19(Signed) George B. Allen M. D.(Address) 507 Disappointment St.

Registrar.

F 29714

F 29714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellsworth BrownRegistered No. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 422 S. Caroline St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary6. DATE OF BIRTH (month, day, year) August 11, 19097. AGE Years 27 Months 3 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Charles14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Rosa Love16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL DEC 4 - 1936
Place Union D. Md.19. UNDERTAKER Commissioner of Health
(Address)Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 193622. I HEREBY CERTIFY, That I attended deceased from October 16, 1936 to November 24, 1936I last saw him alive on November 24, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of LungsDate of case
April 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leon H. Feldman M. D.

(Address)

Baltimore City Hospitals

1936

2801 H

29715

19146

F 29715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

Baltimore City Hospital
CITY OF BALTIMORE: (No. 24-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

B. Girl Wilson

If U.S. Veteran
specify WAR

(a) Residence: No. 1407 Belt St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|---|
| 3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Newborn |
|-------------|-----------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-1-36

| | | | | |
|---------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day, 14 hrs. or 1 min. |
| Newborn | | | | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Ernest

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Edith Meyers

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Wm. J. Hall* DEC 4 - 193619. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

20. FILED 1936 2802

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from
12-1, 1936, to 12-2, 1936I last saw her alive on 12-2, 1936 Death is said
to have occurred on the date stated above, at 7:40 A. M.The principal cause of death and related causes of
importance were as follows:

Prematurity

Date of onset
12-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. B. Jones M. D.

(Address) Baltimore City Hospital

29716

F 29716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *McL. Gen. Hosp* St. *18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *8786 Fayette St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *Howard Beck*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 11, 1914*7. AGE *22* Years *3* Months *22* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housing*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *md*
(State or country)13. NAME *Everett E. Johnson*
14. BIRTHPLACE (city or town) *md*
(State or country)15. MAIDEN NAME *Ellen G. Harris*
16. BIRTHPLACE (city or town) *md*
(State or country)17. INFORMANT *Everett E. Johnson*
(Address) *726 Bay St*18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Campden Date *Dec 7, 1936*19. UNDERTAKER *Chenoweth*
(Address) *3615 17th Ave.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-3-36*22. I HEREBY CERTIFY, That I attended deceased from *11-24-36*, 19 to *12-3-36*, 19.I last saw her alive on *12-3-36* at *8:45* p.m. Death is said to have occurred on the date stated above, at *8:45* p.m.

The principal cause of death and related causes of importance were as follows:

Rt. ventricular hypertrophy
Chronic P.I.D. (over)

Other contributory causes of importance:

*Peritonitis generalized*Was an operation performed? *yes* Date of *11-28-36*
For what disease or injury? *Chronic P.I.D.*What test confirmed diagnosis? Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify
(Signed) *W. P. Stephens* M. D.(Address) *McL. Gen. Hosp*

29717

F 29717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SS City of Hamburg At Sea St., 1-1 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Hans Gevert Germany

(a) Residence: No. 11, Lehe, near Bremen, St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Hans Gevert (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 42 Months ? Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS City of Hamburg
10. Date deceased last worked at this occupation (month and year) NOV. 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. J. Merryman
(Address) Baltimore Mail Steamship Co
1703 Baltimore Trust Bldg.18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: Dec 7, 193619. UNDERTAKER
(Address) 1003 S. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address) 1010 S. Ellwood Ave.

29718

F 29718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Belts. Gen Hosp. St. 16-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *80* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Dr. William Finney* Dr. *Wm. Bowman Finney*(a) Residence: No. *Marion Home - Cockeysville - Md.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *August 27, 1854*

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 82 | 3 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dentist*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*10. Date deceased last worked at this occupation (month and year) *Feb. 1934*11. Total time (years) spent in this occupation *60 yrs*12. BIRTHPLACE (city or town) *Accomac*
(State or country) *Virginia*13. NAME *Andrew Gordon Finney*14. BIRTHPLACE (city or town) *Accomac*
(State or country) *Virginia*15. MAIDEN NAME *Susan C. Bunting*16. BIRTHPLACE (city or town) *Accomac*
(State or country) *Virginia*17. INFORMANT *Records of Masonic Home*
(Address) *Cockeysville, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Louisa Park Cem.*19. UNDERTAKER *Joseph H. Book*
(Address) *1005 W. Baltimore St.*20. FILED *1836* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-1-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *11-21-36*, 19, to *12-1-36*, 19.I last saw him alive on *12-1-36*, 19. Death is said to have occurred on the date stated above, at *4:50 P.M.*

The principal cause of death and related causes of importance were as follows:

1- Malignancy of prostate
2- Severe myocarditis

Date of onset

?

?

Other contributory causes of importance:

Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

F 29719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 2-5 St., 2-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Baumes Mary Helen Baumes

(a) Residence: No. 1727 Barclay St., 2-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of George A. Baumes
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1885

7. AGE Years 51 Months 53 Days 6 If LESS than 1 day, hrs. or min. 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 10 1/2

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Connolly

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Selma Dahl

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. George A. Baumes
(Address) 1727 Barclay St.

18. BURIAL INFORMATION, OR REMOVAL

19. UNDERTAKER Dep 42 Cook
(Address) 1003 N. Baltimore St.

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936 to Dec. 3, 1936

I last saw him alive on Dec. 3, 1936 Death is said to have occurred on the date stated above, at 107 P m.

The principal cause of death and related causes of importance were as follows:

Pneumo. pneumonia Bilateral lobe

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) A. Austrom M. D.

(Address) St. Joseph's Hospital

29720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hydenham Hospital St. 12-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 308 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 16, 19337. AGE Years 3 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balt.
(State or country) MD.13. NAME Joseph Mizok14. BIRTHPLACE (city or town) Balt.
(State or country) MD.15. MAIDEN NAME Elsie Palanowski16. BIRTHPLACE (city or town) Balt.
(State or country) MD.17. INFORMANT Joseph Mizok
(Address) 308 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 5th 193619. UNDERTAKER George A. Welser
(Address) 200 S. Ann St.20. FILER 1836 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Streptococci Infection -
Pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Shaver Coroner(Address) 1919 E. North Ave.

M. D.

29721

F 29721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6720 Roberts Ave. St. 36-6 Ward)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 6720 Roberts Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) Feb 15 1872

7. AGE Years 64 Months 9 Days 19 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Corp.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania (State or country)

13. NAME Undan

14. BIRTHPLACE (city or town) Lithuania (State or country)

15. MAIDEN NAME Undan

16. BIRTHPLACE (city or town) Lithuania (State or country)

17. INFORMANT Chas & Leo Daniels. (Address) 6712 Roberts Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date Dec 17, 1936

19. UNDERTAKER George A. Weber (Address) 705 S. Anne St.

20. FILED 4-1838 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. W. Taylor

(Address) 1070 S. E. 1st St.

Coroner

M. D.

29722

29722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital* St. *20-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *John Fuller*(a) Residence: No. *2615 Lehman* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 3 - 1929*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*7 8 29*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School child*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*13. NAME *John W. Fuller*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*15. MAIDEN NAME *Martina Walsh*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*17. INFORMANT *John W. Fuller (father)*(Address) *3615 Lehman St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *12-5-1936*19. UNDERTAKER *Fredrick A. Coffey*(Address) *1200 W. Lombard St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 7 - 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Autopsy* thereon and from the evidence (Inquest, Autopsy, or Inquiry)obtained by said *Autopsy* find that said deceased came to his death on the day stated above. *7 - a.m.*

The principal cause of death and related causes of importance were as follows:

Pneum. Tubercular Meningitis

Date of onset

12-1-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos. A. Phillips* M. D.(Address) *1937 Edmondson*

29723

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29723

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 E. Biddle St. 8-3) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elsie M. White

If U. S. Veteran

specify WAR

(a) Residence: No. 2441 E. Biddle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April - 8 - 1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

56

7

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

William Carmine

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Margaret White

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Melvin B. Beyer

(Address)

2523 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

Dec - 5 - 1936

19. UNDERTAKER

(Address)

John C. Miller

2435 E. Biddle St.

20. FILED

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 10, 1936 to December 2, 1936

I last saw her alive on Dec. 2, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus.

Date of onset

?

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis Chronic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Victor Goldberg

M. D.

(Address)

1524 N. Patterson St.

29724

F 29724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13118912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME James Langrall

If U.S. Veteran

specify War

(a) Residence: No. 807 St. Paul St.St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Langrall6. DATE OF BIRTH (month, day, year) 7-24-18677. AGE Years 69 Months 4 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer of canned goods
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME James Langrall14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Mary McNamee16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Ave. Dec 5, 193619. UNDERTAKER John C. Miller (Address) 2435 E. Calverton20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 193622. I HEREBY CERTIFY That I attended deceased from 11-23, 1936 to 12-2, 1936I last saw him alive on 12-2, 1936 Death is said to have occurred on the date stated above, at 11:45 am.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

2 mos.

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John J. Rainey M.D.
Baltimore City Hospital

29725

F 29725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Patapsco

St. 23-3- Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Hoblitzell

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 1030 Patapsco

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widowed |

6a. If married, widowed, or divorced:

HUSBAND of
(or) WIFE of

Henry Hoblitzell

6. DATE OF BIRTH (month, day, year) February 5, 1857

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 73 | 9 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Theodore Ginter

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kathryn Wise

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Tillie Mix

(Address) 1030 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery on Dec. 5, 1936

19. UNDERTAKER

(Address)

1005 N. Baltimore St.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Nov 1, 1936 to Dec 2, 1936
I last saw him alive on Dec 2, 1936 Death is said

to have occurred on the date stated above, at 9.40Am.

The principal cause of death and related causes of importance were as follows:

Cerebral
Hemorrhage

Date of onset

Nov 2/36

Other contributory causes of importance:

Exhaustion

xbs

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

12/3/36

J. Campbell D.
(Address) 1644 S. Hanover St.

29726 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29726

CERTIFICATE OF DEATH

✓ 45F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. Barre St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifes mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Arthur George Kinnitz

(a) Residence: No. 816 W. Barre St. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Anna Bertha Kinnitz (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 14, 1893

7. AGE Years 43 Months 2 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George Arthur Kinnitz

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Pauline Amelia Bendix

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Anna Bertha Kinnitz (Address) 816 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Dec 7, 1936

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1936

22. I HEREBY CERTIFY. That I attended deceased from 10/5, 1936, to 12/3, 1936

I last saw him alive on 12/3, 1936 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Adeno-Carcinoma of Prostate with metastases 3 yrs.

Date of onset

1893

Other contributory cause importance

Acute Cardiac Failure 1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Laukaitis M. D.

(Address) 679 Washington Blvd.

29727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29727

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sadie Culver

If U. S. Veteran

specify WAR

(a) Residence: No. 225 N. Arlington Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced
HUSBAND of Roy Culver
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years 40 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) N.C.
(State or country)17. INFORMANT Roy Culver
(Address) 225 N. Arlington Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary 12/5/3619. UNDERTAKER
(Address) Wm. A. Jackson

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Syphilitic Aortitis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

29728

F 29728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 235 S. Bond St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 253 235 S. Bond St. 3-1 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u> |
| 6. If married, widowed, or divorced HUSBAND of <u>Stanley Januszkiwicz</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>1872</u> | | |
| 7. AGE <u>64</u> | Years <u>64</u> | Months <u>0</u> |
| | Days <u>0</u> | If LESS than 1 day, hrs. or min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 1040</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Slaughter House</u> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Lithuania13. NAME Antonia S. Olski14. BIRTHPLACE (city or town) (State or country) Lithuania15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Lithuania17. INFORMANT (Address) 253 S. Bond St.18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date Dec 7, 193619. UNDERTAKER (Address) 1400 East 11th Ave.20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) <u>Dec 3, 1936</u> |
| 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said _____ that said deceased came to death on the day stated above. |
| The principal cause of death and related causes of importance were as follows: |
| <u>Haematemesis</u> |
| Date of onset |

Other contributory causes of importance:

Probably gastric ulcer

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. W. Wright(Address) 1610 S. Third Ave.

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 29729

29729

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Found on a lot near Ridgely & Scott*
 CITY OF BALTIMORE: (No. *21-1* St. *1* Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *John M. Keldner*
 (a) Residence: No. *1000 Russell* St. *1* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
 HUSBAND of *Anna B. M. Keldner*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 5, 1882*

7. AGE Years *54* Months *8* Days *7* If LESS than
 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *Patrolman*
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. *Police*
 10. Date deceased last worked at
 this occupation (month and
 year) *May 1936* 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

FATHER 13. NAME *James M. Keldner*

14. BIRTHPLACE (city or town) *Maryland*
 (State or country)

MOTHER 15. MAIDEN NAME *Anna Keldner*

16. BIRTHPLACE (city or town) *Maryland*
 (State or country)

17. INFORMANT *James M. Keldner*
 (Address) *7205 Kenwood Ave*

18. BURIAL, CREMATION, OR REMOVAL
 Place *St. Peter's Ch. Date Dec 5, 1936*

19. UNDERTAKER *John E. Dwyer*
 (Address) *715 West St.*

20. FILED *5-1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 2*, 19*36*

22. I HEREBY CERTIFY, that I took charge of the remains described
 above, held as *Inquiry* thereon and from the evidence
 (Inquest, Autopsy, or Inquiry)
 obtained by said *Inquiry* find that said deceased came
 to his death on the day stated above.

The principal cause of death and related causes of
 importance were as follows: *three days*

Acute Lobar Pneumonia

Other contributory causes of importance:
Chronic Alcoholic

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) *Thos. H. Phillips* M. D.
 (Address) *1939 Edmondson Ave* Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

29730

CERTIFICATE OF DEATH

29730

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. 17-2 Ward)

Life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Savoy

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 1325 Etting St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-3-36

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward Kent 14. BIRTHPLACE (city or town) (State or country) Washington-D. C.

15. MAIDEN NAME Elizabeth Savoy 16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date Dec 5 1936

19. UNDERTAKER V. G. Brooks (Address) 1463 N. Carey St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1936, to 12-3 1936

I last saw him alive on 12-3 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset 11-2-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. B. Jones M. D. Baltimore City Hospital

5-1936

9731

HEALTH DEPARTMENT—CITY OF BALTIMORE

29731

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 N. Pulaski St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William S. Nicholson

If U.S. Veteran specify WAR

(a) Residence: No. 545 N. Pulaski St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie E. Nicholson

6. DATE OF BIRTH (month, day, year) Jan 3, 1868

7. AGE 68 Years 9 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.V.O. R.R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (city or town) (State or country) Belair Ohio

13. NAME William S. Nicholson 14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jane Dixon 16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Jessie E. Nicholson (Address) 545 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 12-5-36

19. UNDERTAKER Frederick A. Cole (Address) 1200 W. Lombard St.

20. FILED 1536

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1936 to Dec 3, 1936

I last saw him alive on Dec 2, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

myocarditis Coronary Sclerosis Date of onset 2/2/34

Other contributory causes of importance:

General Cerebral Sclerosis 2/2/34

Was an operation performed? No Date of

For what disease or injury? Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard K. Lee M. D.

(Address) 2027 W. Pratt St.

29732

HEALTH DEPARTMENT—CITY OF BALTIMORE

29732

160 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 14-3 Ward

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

HERBERT EDWARD BILLINGS

(a) Residence: No.

340 S. Calhoun St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. Color or Race

WHITE

5. Single, Married, Widowed, or Divorced (write the word)

SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Nov. 27, 1936

7. AGE

Years

Months

Days

7

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

BALTIMORE MD

FATHER

13. NAME

EDWARD M. BILLINGS

14. BIRTHPLACE (city or town) (State or country)

DELAWARE

MOTHER

15. MAIDEN NAME

MIRIAM MORRIS

16. BIRTHPLACE (city or town) (State or country)

BALTIMORE MD

17. INFORMANT

(Address)

Miriam Billings
340 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

Funeral Home
12/5-36
Faxon & Faxon

20. FILED

1936

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to Dec 4, 1936

I last saw him alive on 12 - 4, 1936 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

INTRACRANIAL
HEMORRHAGE

Date of onset

Probable at birth

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis CLINICAL as there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

M. D. B. 12673
29733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29733

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore* St. *26-11* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *93* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *8105 Highland Ave* St. *26-11* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Nattie*6. DATE OF BIRTH (month, day, year) *Nov. 15 1893*7. AGE Years *43* Months *—* Days *19* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Inspector* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ref. 5. 0* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*FATHER 13. NAME *George*14. BIRTHPLACE (city or town) *Germany* (State or country)MOTHER 15. MAIDEN NAME *Madeline Hartman*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Mrs. Nattie Hamner*(Address) *8105 Highland Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenland Heart* Date *12/7 1936*19. UNDERTAKER *Richard F. Cusack F.D. Inc.*(Address) *1341 Gorsuch Ave*20. FILED *136*

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by *autopsy* (Inquest, Autopsy or Inquiry) feel that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary occlusion

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *AGM*

Coroner

M. D.

(Address) *10105 Highland Ave*

29734

✓ 29734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3439 Chesley Ave 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. Parkers Wharf Calvert Co. Md. St., 8-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. 7 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Jackson Cochran
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 1, 18667. AGE 70 Years 1 Months 3 Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Parkers Wharf
(State or country) Calvert Co.FATHER 13. NAME John T. Pitcher
14. BIRTHPLACE (city or town) Parkers Wharf
(State or country) Calvert Co.MOTHER 15. MAIDEN NAME Ann Rebecca Card
16. BIRTHPLACE (city or town) Parkers Wharf
(State or country) Calvert Co.17. INFORMANT Mr. Jackson Cochran
(Address) Parkers Wharf, Cal Co.18. BURIAL, CREMATION, OR REMOVAL Christ Church Am. Date Dec. 7, 1936
Place19. UNDERTAKER Robt A. Hackness
(Address) Mutual, Md.20. FILED 1936 10 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 . 193622. I HEREBY CERTIFY, That I attended deceased from 11-23 1935 to 12-4 1936I last saw h. alive on 12-4 1936. Death is said to have occurred on the date stated above, at 4:07 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Myocarditis

Date of onset

19352 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James Brown M. D.(Address) 705 Medical Arts Bldg.

✓ F 29735

29735 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 11-3

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Mrs. Alice M. Grimes

If U. S. Veteran specify WAR

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3 SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ Grimes | | |

6. DATE OF BIRTH (month, day, year) 18 7 1

7. AGE

69

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Harmon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Harmon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Frederick, Md.

FATHER

13. NAME

John S. Grimes

14. BIRTHPLACE (city or town) (State or country)

Frederick, Md.

MOTHER

15. MAIDEN NAME

Jane Park

16. BIRTHPLACE (city or town) (State or country)

Frederick, Md.

17. INFORMANT

(Address)

Sterling M. Howard

18. BURIAL, CREMATION, OR REMOVAL

Date

Harmony Bay, Md. 12 18 36

19. UNDERTAKER

(Address)

New & Co. Ch.

20. FILED

1936

12 18 36

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by _____ find that said deceased came _____ (Inquest, Autopsy or Inquiry)

to _____ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Coroner

M. D.

29736

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29736

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Woman's Hospital.

CITY OF BALTIMORE: (No. _____)

St. 18 Ward 3

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mary Aleksa.

(a) Residence: No. 834W. Lombard St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Vincent Aleksa

6. DATE OF BIRTH (month, day, year)

? - 1890

7. AGE

46

Years

Months

Days

If LESS than 1 day. _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lithuania.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Lithuania

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Lithuania

17. INFORMANT (Address)

Vincent Aleksa
834 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Place

Holy Redeemer, Dec. 7, 1936

19. UNDERTAKER (Address)

John Grablianskas
420 S. Paca St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4th 193622. I HEREBY CERTIFY. That I attended deceased from November 5th 1936 to Dec. 4th 1936.I last saw her alive on Dec. 4th 1936. Death is said to have occurred on the date stated above, at 3:45 A. M.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis with
Cardiac failure

Date of onset

12-4-36

Other contributory causes of importance:

Ovarian abscess. Cachexia

Was an operation performed? Yes

Date of Nov. 24th 1936

For what disease or injury?

Ovarian abscess

What test confirmed diagnosis? Opn.

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) P. Franklin M. Bayley

M. D.

(Address)

Woman's Hospital

F 29737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29737

CERTIFICATE OF DEATH

12648

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)Registered No. 26-70107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Kate Grayson (Grason)If U.S. Veteran
specify WAR(a) Residence: No. 345 S. Bouldin St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?6. DATE OF BIRTH (month, day, year) 1854

| | | | | |
|--------|-----------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>82</u> | | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Washing & scrubbing</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2086</u> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME Lewis Grayson14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balti. Cent. Date Nov 7 193619. UNDERTAKER Lillie Zeiler
(Address) 123 S. E. 1st St.20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-3622. I HEREBY CERTIFY That I attended deceased from 6-21-26 to 12-4-36I last saw her alive on 12-4-36 Death is said to have occurred on the date stated above, at 2:45 A.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

John F. Ramey
Baltimore City Hospital

29738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29738

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME James Jones

(a) Residence: No. 114 W. Hamburg St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Debroe

6. DATE OF BIRTH (month, day, year) Jan 21 1883

7. AGE Years 53 Months 10 Days 29 If LESS than 1 day, _____ hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 10. Date deceased last worked at this occupation (month and year) 2-5-36 11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (city or town) Roanoke (State or country) Virginia

FATHER 13. NAME Burl Jones 14. BIRTHPLACE (city or town) Durham (State or country) N. C.

MOTHER 15. MAIDEN NAME Alice Donohue 16. BIRTHPLACE (city or town) Roanoke (State or country) Va.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery Date 12/31/36

19. UNDERTAKER (Address) 108 W. Montgomery St. J. L. Brown & Son

20. FILED 1536

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1936

22. I HEREBY CERTIFY. That I attended deceased from October 7, 1936, to December 1, 1936

I last saw him alive on December 1, 1936. Death is said to have occurred on the date stated above, at 11:15 pm

The principal cause of death and related causes of importance were as follows:

Syphilis, tertiary, cardio-vascular Unknown Aortic Insufficiency 9-1936

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) T. M. A. Durham M. D.

(Address) U.S. Marine Hospital

F 29739

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29739

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 N. Monroe St. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Mildred A. Reister

(a) Residence: No.

324 N. Monroe St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4, 1898.

7. AGE 38 Years 1 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John D. Reister

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Birdie May Keller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Juanita Lane (Address) 324 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec. 5, 1936

19. UNDERTAKER Harry A. Whitely (Address) 101 Edmondson Ave.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28th 1936 to Dec. 3rd 1936

I last saw her alive on Dec. 3rd 1936 6 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset Sept. 1936

Other contributory causes of importance:

Hypostatic Pneumonia

Days Three

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Thos. H. Phillips

M. D.

(Address) 1939 Edmondson Ave.

29740

29740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a 19110

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-2 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U.S. of foreign birth? yrs. mos. da.

If U.S. Veteran
specify WAR

2. FULL NAME Sarah Jones

(a) Residence: No. 1512 Vine Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-7 1936

7. AGE Years Months Days If LESS than 1 day, hra. or min. 10 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Alexander Jones

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ida Ryan

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Dec 7, 1936

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 S. Calver St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-30 1936 to 12-3 1936

I last saw him alive on 12-3 1936 Death is said to have occurred on the date stated above, at 11:20 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

11-30-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? 40

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

R B Jones
Baltimore City Hospital

M. D.

29741 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29741

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *H. Josephs Hospital* 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Chas. A. Hobbs* (Hobbs)

(a) Residence: No. *5600 Birchwood* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Helen M. Connolly</i> (or) WIFE of <i>2/12/1935</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>3/12/1875</i> | | |
| 7. AGE Years <i>61</i> Months <i>8</i> Days <i>22</i> | If LESS than 1 day, hrs. or <i>XX2XZ</i> | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Contractor</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Buildings</i> |
| | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) *Emmitsburg, Md.*
(State or country)

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *"*
(State or country)

15. MAIDEN NAME *"*

16. BIRTHPLACE (city or town) *"*
(State or country)

17. INFORMANT *Mrs. Helen M. Hobbs*
(Address) *5600-Birchwood Ave.*

18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *12/7/36*

19. UNDERTAKER *George O. Ruth, Inc.*
(Address) *1735-Harford Ave.*

20. FILED *5-1936* *Washington* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4*, 1936

22. I HEREBY CERTIFY, That I attended deceased from *Dec 3*, 1936, to *Dec 4*, 1936

I last saw him alive on *Dec 4*, 1936. Death is said to have occurred on the date stated above, at *1 1/2* p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Thrombosis

Date of onset

2 days

Other contributory causes of importance:

none

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Austraw* M. D.

(Address) *H. Josephs Hospital*

29742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkenburg Caton Ave
St. _____ Ward) 108

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Samuel Lyons

If U.S. Veteran

specify WAR _____

(a) Residence: No. _____

2591 W Baltimore St.

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Carrie Lyons

6. DATE OF BIRTH (month, day, year)

October 30, 1899

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

37

1

27 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Rufus Lyons

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Sarah Cox

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Mrs Carrie Lyons
2591 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Chert Date 12/7/36

19. UNDERTAKER

(Address)

F.B. Whipple & Son
1300 E. Mount Pleasant

20. FILED

1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1936, to December 3, 1936.

I last saw him alive on December 3, 1936. Death is said to have occurred on the date stated above, at 11:20 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

11-29-36

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Louis S. Cleveland M.D.
St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

29743

CERTIFICATE OF DEATH

✓ F 29743

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *H. Joseph's Hospital 18-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *22* yrs. *mo.* *ds.* How long in U. S. If of foreign birth? *22* yrs. *mo.* *ds.*

2. FULL NAME

Virginia Polidori

(a) Residence: No. *182 Calander* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*

5a. If married, widowed, or divorced *Widowed* of *Riccardo Polidori* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 13 1891*

7. AGE *45* Years *#6* Months *8* Days *21* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*

10. Date deceased last worked at this occupation (month and year) *10-37* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Isernia* (State or country) *Italy*

13. NAME *Giuseppe Ricci* 14. BIRTHPLACE (city or town) *Isernia* (State or country) *Italy*

15. MAIDEN NAME *Francesca Cifelli* 16. BIRTHPLACE (city or town) *Venafro* (State or country) *Italy*

17. INFORMANT *Ida Pomponi* (Address) *418 N. Exeter St.*

18. BURIAL, CREMATION, OR REMOVAL *NEW CATHEDRAL* Place *Dec. 7 1936* Date

19. UNDERTAKER *Frank Della Moe* (Address) *52 N. Mosley St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4* 1936

22. I HEREBY CERTIFY, That I attended deceased from *Nov 30* 1936 to *Dec 4* 1936

I last saw *her* alive on *Dec 4* 1935 Death is said to have occurred on the date stated above, at *11¹²* m.

The principal cause of death and related causes of importance were as follows: *Hypertensive Cardio-vascular disease*

Date of onset

?

Other contributory causes of importance:

Uremia

2 days

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Ref* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *—* 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

H. Austraw
H. Joseph's Hospital

29744

F 29744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Emory St St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred One mos. ds. How long in U. S. If of foreign birth? One yrs. mos. ds.

2. FULL NAME

Eady Thomas

If U. S. Veteran

specify WAR

(a) Residence: No.

312 Emory St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Thomas6. DATE OF BIRTH (month, day, year) Nov 25 - 19477. AGE Years 89 Months 0 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) one year 11. Total time years spent in this occupation12. BIRTHPLACE (city or town) Berlinville SC (State or country)13. NAME Nancy Thomas
14. BIRTHPLACE (city or town) South Carolina (State or country)15. MAIDEN NAME Nancy Gasque
16. BIRTHPLACE (city or town) South Carolina (State or country)17. INFORMANT Mrs Arnold (Address) 312 Emory St18. BURIAL, CREMATION, OR REMOVAL Place Portsmouth Va Date Dec 7th 194619. UNDERTAKER Charles P. Towell (Address) 2421 Edmondson Ave20. FILED 1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/3622. I HEREBY CERTIFY, That I attended deceased from Nov 25 1936 to Dec 4 1936I last saw him alive on Dec 4 1936 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12/3/36Other contributory causes of importance: Arteriosclerosis
hypertension of old age 11/24/36

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Shepherd Drann M. D.(Address) 1727 North Ave

F 29745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JONES HOPKINS HOSPITAL

St. 5-1 Ward

CITY OF BALTIMORE: (No. 10)

Length of residence in city or town where death occurred yrs. 10 mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Irene Bradley

If U.S. Veteran specify WAR

(a) Residence: No. 406 N Caroline

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/3/09

7. AGE Years 27 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jas Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Pleasant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn

Date Dec 5th 1936

19. UNDERTAKER

(Address)

Blair O Wilson

1000 Kentley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 20, 1936 to Dec 1, 1936

I last saw him alive on Dec 1, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo nephritis
Pyelitis

Date of onset

1933?

1933?

Other contributory causes of importance:

by phillips, asymptomatic (WAR)

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Palmer Howard Fletcher

Johns Hopkins Hospital

M. D.

29746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658. W. Fairmont Ave. 4-20-36)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Israel D. Pugh

(a) Residence: No. 658. W. Fairmont Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

colored

married

6a. If married, widowed, or divorced

HUSBAND of

Caroline Lee Pugh

6. DATE OF BIRTH (month, day, year)

not known

7. AGE

65

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Minister of Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

September 1936

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (city or town) (State or country)

Dilliox, D. C.

13. NAME

not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Caroline Lee Pugh
658. W. Fairmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 5, 36

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams
322 N. Schroeder St.

20. FILED

1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1936

22. I HEREBY CERTIFY That I attended deceased (from November 25, 1936 to December 1, 1936)

I last saw him alive on December 1, 1936 Death is said to have occurred on the date stated above, at 7:30 pm.

The principal cause of death and related causes of importance were as follows:

Congestive Heart failure

Date of onset

11-25-36

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? Phy 4an

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

James M. Fair
865. W. Lexington St.

M. D.

29747

Sadie Bowers

F 29747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 14th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sadie Bowers

If U. S. Veteran specify WAR

(a) Residence: No.

West Minister St. Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

| |
|--|
| 3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Bowers |
|--|

6. DATE OF BIRTH (month, day, year) Jan 26 1899

| | | | | |
|-----------------|-------------|--------------|------------|----------------------------------|
| 7. AGE 53 47 | Years 10 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min. |
|-----------------|-------------|--------------|------------|----------------------------------|

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Md.

13. NAME Father Joshua Zipp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Christine Bowers (Address) West Minister St. Md.

18. BURIAL, CREMATION, OR REMOVAL Place West Minister Cem Date Dec. 7 1936

19. UNDERTAKER H. Bankard, Son (Address) West Minister Md.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance: Nephritis and High blood pressure

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bowers M. D.

(Address) 215 W. W. Bowers Coroner

M. D. 29748

F 29748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Siani Hosp.* St. *6-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8 1/2* mos. *da.* How long in U. S. If of foreign birth? *8 1/2* yrs. *mos.* *da.*

2. FULL NAME

Marie B. Nizer

If U. S. Veteran specify WAR

(a) Residence: No. *134 N. Port St.* St. *6-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *George B. Nizer* (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 3-1909*7. AGE *27* Years *5* Months *0* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*13. NAME *Lickers*14. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Not Known* (State or country)17. INFORMANT *George B. Nizer* (Address) *134 N. Port St.*18. BURIAL, CREMATION, OR REMOVAL Place *Balto. Cem.* Date *Dec. 7, 1936*19. UNDERTAKER *C. Miller & Son* (Address) *3334 Jefferson St.*20. FILED *1936* *12-7-36* *I. J. Miller* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/3/36*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquiry* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tobacco pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chlorine* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Paul Wheeler* Coroner M. D.(Address) *719 E. North Ave.*

29749 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29749

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *816 S. Decker Ave. 1-1* Ward)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herman Hasse

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. *816 S. Decker Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Alvine Hasse* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 17-1863*

7. AGE *73* Years *9* Months *19* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *CO* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany* (State or country)

13. NAME *Hasse*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Not Known*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Alvine Hasse* (Address) *630 S. Linwood Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Paul's Cem.* Date *Nov. 7/36*

19. UNDERTAKER *C. Miller + Son* (Address) *2334 Jefferson St.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 5*, 19*36*

22. I HEREBY CERTIFY. That I attended deceased from *Nov. 20*, 19*36* to *Dec 5*, 19*36*

I last saw him alive on *Dec 4*, 19*36* Death is said to have occurred on the date stated above, at *4 A.* m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *A. W. Wright* M. D.

(Address) *1010 S. Linwood Ave.*

Zirlin

F 29750

F 29750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swai Hosp.* St. *13-29* Ward) *58*Registered No. *13-29*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *22* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth *22* yrs. *2* mos. *2* ds.

2. FULL NAME

(a) Residence: No. *847 Ducatel* St. *13-29* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Isaac*6. DATE OF BIRTH (month, day, year) *74*7. AGE Years *57* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *6037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*FATHER 13. NAME *Abraham Glaskin*14. BIRTHPLACE (city or town) (State or country) *Russia*MOTHER 15. MAIDEN NAME *Kato*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hosp. Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Southern Ave* Date *12/6/34* 1919. UNDERTAKER *Paul J. Jones* (Address) *1439 E. Calver St*20. FILED *12-10-34* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-4* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *12-25-36* 19 to *12-4* 19*36*I last saw her alive on *12-4* 19*36* Death is said to have occurred on the date stated above, at *45 Pm.*

The principal cause of death and related causes of importance were as follows:

Hypertensive C.V. Disease
Myocardial Failure
Cardiac Decompensation 11-20X

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) *J. R. Rocher* M. D.(Address) *Swai Hosp.*

29751

29751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Carlisle Ave. St. 15-8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Josephine Cummins Macneal

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 3406 Carlisle Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Burgess Macneal

6. DATE OF BIRTH (month, day, year) July 21, 1872

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 64 | 4 | 13 | |

| | | |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housewife |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | At Home |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Robert Keyes Cummins

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret Mary Paterson

16. BIRTHPLACE (city or town) London
(State or country) England17. INFORMANT Mr. Burgess C. Macneal
(Address) 3406 Carlisle Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date December 7, 193619. UNDERTAKER Joseph B. Cook
(Address) 1007 N. Baltimore St.

20. FILLED

21

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 23, 1936 to Dec 4, 1936

I last saw her alive on Dec 3, 1936. Death is said to have occurred on the date stated above, at 7.30A m.

The principal cause of death and related causes of importance were as follows:

Growth of Effusion of Pleura

Date of onset

10 day

Other contributory causes of importance:

Growth in breast feasible metastasis

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

612 W. 40th St.

M. D.

29752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29752

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home

St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran
specify WAR

2. FULL NAME

Elizabeth Tracy

(a) Residence: No. Germany Aged Home

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 22, 1854

7. AGE

Years 82

Months 9

Days 13

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME

John C. Geigler

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME Caroline Lookingland

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT Records of German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery

Dec. 7 1936

19. UNDERTAKER
(Address)Joseph B. Cook
1007 W. Baltimore St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 1/36 to Dec. 5/36.I last saw her alive on Dec. 4/36. 19 Death is said
to have occurred on the date stated above, at 6 A. M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Chronic Paranchymatous
Nephritis.

Unknown

Other contributory causes of importance:

Uraemic Coma.

Dec. 2/36.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify
(Signed) Henry Waldschmidt M. D.

(Address) 243 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29753

29753

CERTIFICATE OF DEATH.

23
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital. St. 21-2 Ward)2-FULL NAME Anna A. Halfpenny.(a) RESIDENCE NO. 1213 Washington Blvd. St. 21-2 Ward(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. 9 mos. 26 ds.(If death occurred in a hospital or institution, give his NAME instead of street and number and fill out No. 18.)
(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 Color or Race White. 5 Single, Married, Widowed, or Divorced, (write the word) Married.6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel L. Halfpenny6 DATE OF BIRTH (month, day, and year)
March, 9, 18877 AGE Years 49, Months 9, Days 26. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.10 NAME OF FATHER Michael Halfpenny.11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.12 MAIDEN NAME OF MOTHER Anna Moran.13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Don't know.14 Informant Samuel L. Halfpenny. Hus.
(Address) 1213 Washington Blvd.15 Filed 1936

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5, 1936 19317 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) Her and that said deceased came to 4.00 A.M. on the day stated above.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed)

(Coroner)

19 (Address) 2757 W. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

Holy Cross Cem. 4.00 Dec 9, 1936
A. J. H. and 8.00 1400 1600

Very Important. See instructions on back of certificate.

PARENTS

F 29754

F 29754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* St., *178-a* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *11* mos. *15* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME *Frederick Brady*If U. S. Veteran specify WAR *NO*(a) Residence: No. *1263 Argonaut St*

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Grace G. Brady* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 19-1878*7. AGE Years *57* Months *11* Days *15* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Amelior Co.* 10. Date deceased last worked at this occupation (month and year) *Nov 21/36* 11. Total time (years) spent in this occupation *30 yrs*12. BIRTHPLACE (city or town) *Baltimore Co* (State or country) *md*13. NAME *Frederick W. Brady* 14. BIRTHPLACE (city or town) *Chicago Ill* (State or country)15. MAIDEN NAME *Rose L. H. Chap* 16. BIRTHPLACE (city or town) *Baltimore Co* (State or country) *md*17. INFORMANT *Grace G. Brady* (Address) *1406 Maple St.*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Dec 8* 193619. UNDERTAKER *Thomas John H. Deapel & Son* (Address) *801 W. Fayette St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4* 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Laiber Pneumonia Date of onset *Nov 26*

Other contributory causes of importance:

*Bluenanizing gas poison*Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation *amputation of leg* Date of _____What test confirmed diagnosis? _____ Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *accident* Date of injury *Nov 21* 1936Where did injury occur? *1263 Argonaut St* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *slight fall from kitchen stove* Nature of injury *gas turned on (3 burners)*24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *Thos H. Phillips* M. D.(Address) *1739 E. ...*

29755

F 29755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward *27-14*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *49* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Miss E. Agnes Von Heine

If U.S. Veteran specify WAR

(a) Residence: No.

112 Ridgewood Road

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *divorced*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Fred Spuck

6. DATE OF BIRTH (month, day, year)

June 14, 1887

7. AGE

Years *49*Months *5*Days *20*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Bald. Md

FATHER

13. NAME

Henry G. Von Heine

14. BIRTHPLACE (city or town) (State or country)

Bald. Md

MOTHER

15. MAIDEN NAME

Emma G. Eginbrodt

16. BIRTHPLACE (city or town) (State or country)

Bald. Md

17. INFORMANT

(Address)

*Adele Von Heine Wilcox
447 Roland Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place

Loudon Park

Date

Dec. 7, 1936

19. UNDERTAKER

(Address)

*Mr. Mrs. John W. Timpel & Son
801 W. Fayette St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Dec 4, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1st*, 1936, to *Dec. 4th*, 1936.I last saw her alive on *Dec 4*, 1936. Death is said to have occurred on the date stated above, at *3.30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Rheumatic cardio-vasc. disease*Date of onset *1902*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Francis S. Dickey

M. D.

(Address)

University Hospital

29756

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29756

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Calvert St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Ella Josephine Bradley

If U. S. Veteran

specify WAR

(a) Residence: No. 909 N. Calvert St., 11-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Peter B. Bradley
(or) WIFE of6. DATE OF BIRTH (month, day, year) April ? 18747. AGE Years 62 Months --- Days --- If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME William J. Peckley14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Conroy16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mrs. Agnes E. Wehner
(Address) 512 N. Clinton St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/9 193619. UNDERTAKER Henry H. Means & Son
(Address) 805 N. Calvert St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 193622. I HEREBY CERTIFY. That I attended deceased from September 1934, to December 5 1936I last saw her alive on December 4, 1936 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

hemiplegia, left

Date of onset

11/3/36

Other contributory causes of importance:

Cardiac hypertrophy and irregularity
Diabetes mellitus

at least

2 years2 yearsWas an operation performed? none Date of

For what disease or injury?

Name of operation none Date of clinical laboratoryWhat test confirmed diagnosis? methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Frank R. Smith, Jr.

M. D.

(Address) 1014 St Paul St., Baltimore, Md.

29757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29757

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Oakfield Ave 5-10 Ward)

Length of residence in city or town where death occurred: 40 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3311 Oakfield Ave. Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

World War

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Carrie C. Behrend (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 18, 1886

7. AGE Years 50 Months 8 Days 17 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinance Dept. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Samuel K. Behrend.

14. BIRTHPLACE (city or town) (State or country) Peru Ill.

15. MAIDEN NAME Sue May Howard

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Mrs Margaret Meyer

(Address) 3311 Oakfield Ave.

18. BURIAL INFORMATION, OR REMOVAL FROM PLACE Place Glenwood Cem. Date Dec. 7, 1936

19. UNDERTAKER Wm. H. Hines Sons

(Address) North & Palmdale

20. FILED 1036 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to Dec 5, 1936

I last saw him alive on Dec 4, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardiac Valvular Disease, mitral (probably rheumatic) with myocardial degeneration

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury? None

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Address) 1326 W. Lombard St

29759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29759

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Hanover St. St. 23-1 Ward)

Length of residence in city or town where death occurred 85 yrs. — How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George G. Deibel.

(a) Residence: No. 1224 Hanover St. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower.

5a. If ~~XXXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ Wilhelmina Deibel.

6. DATE OF BIRTH (month, day, year) December 5, 1851

7. AGE Years 85 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacconist.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Henry Deibel.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Katherine Walpert.

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Dr. Harry Deibel. (son) (Address) 1224 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 7th 1936

19. UNDERTAKER C. Schloeman & Son 1039 Hanover St. (Address)

20. FILED 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. Accidental fall down cellar steps

Date of onset

12/2/36

Other contributory causes of importance:

Terminal pneumonia. 1 day

12/4/36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 12/2/36

Where did injury occur? 1224 Hanover St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fall down steps.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. H. Reinhardt M. D. 12/5/36 Address 1017 S. Charles St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 29760-500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29760

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Druid Hill Ave. ST. 14-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Mrs Mary R. Hughes

(a) RESIDENCE NO.

1741 Druid Hill Ave. ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widow

a If married, widowed, or divorced

HUSBAND of (or) WIFE of

James Hughes

6 DATE OF BIRTH (month, day, and year) 10-2-49

7 AGE Years 89 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Maryland

10 NAME OF FATHER J. H. Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER Rebecca Hines

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Maryland

14

Informant

Mrs. Grace Murphy

(Address)

1741 Druid Hill Ave.

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3-36

17

I HEREBY CERTIFY, That I attended deceased from

10-28-X, 1936, to 12-3, 1936

that I last saw her alive on 12-2, 1936

and that death occurred, on the date stated above, at 3:25 p. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia (Lobar)
Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed)

J. W. Butler, M. D.

1936 (Address) 2035 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-BURIAL

MAYAL

Laurel Cemetery

DATE OF BURIAL

12/3 1936

20 UNDERTAKER

Mr. Geo. H. Holland

ADDRESS, 2035 Druid Hill Ave

29761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29761

CERTIFICATE OF DEATH

160B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3326 Ellerslie St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 19367. AGE Years Months Days If LESS than 1 day. 14 hrs. 37 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balti. Md. (State or country) Md.FATHER 13. NAME Charles Frederick Zeller14. BIRTHPLACE (city or town) Balti. Md. (State or country) Md.MOTHER 15. MAIDEN NAME Maryard Geraldine Hamilton16. BIRTHPLACE (city or town) Balti. Md. (State or country) Md.17. INFORMANT Mr. Cornelius John Zeller (Address) 625 W. University Parkway18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12/7/3619. UNDERTAKER Henry W. Meason (Address) 805 N. Calvert St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 193622. I HEREBY CERTIFY. That I attended deceased from Dec. 4, 1936 to Dec. 5, 1936I last saw h.s.v. alive on Dec. 5, 1936. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Birth injuries secondary to breech extraction.

Date of onset

12-4-36

Other contributory causes of importance:

Fractured left femur12-4-36Was an operation performed? Femur splinted Date of 12-4-36For what disease or injury? Fractured left femur

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) A. Quistraw

M. D.

(Address) St. Joseph's Hosp.

29782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29762

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital - 1 Ward)Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Abelungia Ludwig

If U. S. Veteran specify WAR

(a) Residence: No. 1239 H. Aubert St.,

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of John6. DATE OF BIRTH (month, day, year) 1870

7. AGE

Years 66

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Ludwig(Address) 1239 H. Aubert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's HospitalDate 12/7/3619. UNDERTAKER John J. Doherty(Address) 318 E. Light St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in my thereof and from the evidence (Inquest, Autopsy or Inquiry)obtained by said my find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wright

Coroner

M. D.

(Address) 1010 S. E. Street

29763 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29763

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Riverside St. 24-4 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1577 Riverside St. 24-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of James J. W. Roberts
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than
About 72 1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 2037
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Bklyn13. NAME John Mullen14. BIRTHPLACE (city or town)
(State or country) Longwood15. MOTHER'S NAME Mary Ann Laughlin16. BIRTHPLACE (city or town)
(State or country) Scotland17. INFORMANT Miss James Carr
(Address) 1577 Riverside

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 2/7/36 1919. UNDERTAKER
(Address) 2375 Light20. FILED 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/36 1922. I HEREBY CERTIFY, That I attended deceased from
10/20/36 19 to 12/4/36 19I last saw him alive on 11/3/36 19 death is said
to have occurred on the date stated above, at 8:30 p.m.The principal cause of death and related causes of
importance were as follows:Chronic myocarditis

Date of onset

10-36

Other contributory causes of importance:

metastatic Ca.1932Name of operation Amp. (Rad.) Prost Date of 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? — Date of injury —, 19Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? no If so, specify(Signed) B. W. Sandhu M. D.(Address) 1800 South R.

29764

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29764

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp.* St. *7-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Freburger(a) Residence: No. *524 N. Decker* St. *4th* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 3, 1936*7. AGE Years *0* Months *0* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *0000*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto. Md.* (State or country)13. NAME *William Frederick Freburger*
14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Marguerite Alvera Boyce*
16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)17. INFORMANT *Mr. William F. Freburger* (Address) *524 N. Decker*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *Dec 7, 1936*19. UNDERTAKER *John A. Maan* (Address) *3000 E. Balto. St.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 3, 1936* to *Dec 5, 1936*.I last saw him alive on *Dec 5, 1936*. Death is said to have occurred on the date stated above, at *3 p.* m.

The principal cause of death and related causes of importance were as follows:

Birth injuries secondary to forceps delivery. Diaphragmatic Hernia

Date of onset

12-3-36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) *A. Austran* M. D.(Address) *St. Joseph's Hosp.*

F 29765

F 29765 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 West Baltimore St. Ward 20-1)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Clara Kahl(a) Residence: No. 1926 W. Balt. St. St. 20-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Kahl6. DATE OF BIRTH (month, day, year) April 22 - 18687. AGE Years 67 Months 7 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Washington
(State or country)13. NAME Don. Lindenberg14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Henry Kahl
(Address) 1926 W. Balt. St.18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Dec. 8 193619. UNDERTAKER Josiah Syfer
(Address) 1000 W. North Ave.20. FILED 1936 19 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1936 to Dec. 4 1936I last saw him alive on Dec. 4 1936 Death is saidto have occurred on the date stated above, at 2-55 P.M.

The principal cause of death and related causes of importance were as follows:

Intense stenotic Cardio-vascular
renal diseaseNephritis

Date of onset

Dec. 15
1936

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Plasing M. D.(Address) 1904 W. Baltimore St.

U. S. D. B. 1264
F 29766

F 29766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Cambria St. St. 25-5 Ward)

Length of residence in city or town where death occurred 1 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lula M. Pickering.

(a) Residence: No. 1318 Cambria St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~husband~~ George S. Pickering. (or) wife of

6. DATE OF BIRTH (month, day, year) April 7, 1884

7. AGE Years 52 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camden, N. J. (State or country)

13. NAME Clarence Mayhew.

14. BIRTHPLACE (city or town) Camden, N. J. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT George S. Pickering, (husband)

(Address) 1318 Cambria St.

18. UNDERTAKER (Address) 1017 S. Charles St.

19. UNDERTAKER (Address) 1017 S. Charles St.

20. FILED 12/5/36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

found that said deceased came to her death on the day stated above. The principal cause of death and related causes of importance were as follows:

Hypertension.
Cerebral Hemorrhage.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis inquiry was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 12/5/36 1017 S. Charles St. M. D. Coroner

F 29767

F 29767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Avalon Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. LillyIf U. S. Veteran specify WAR No Record(a) Residence: No. 2301 Avalon Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, Married, or ~~divorced~~ (write the word)5a. If married, widowed, or divorced HUSBAND of Isabel A. Lilly (or WIFE of)6. DATE OF BIRTH (month, day, year) April 11th 18657. AGE Years 71 Months 7 Days 24 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation Oct 193612. BIRTHPLACE (city or town) Balto (State or country) mdFATHER 13. NAME Andar E. Lilly 14. BIRTHPLACE (city or town) Balto (State or country) mdMOTHER 15. MAIDEN NAME Coraelia Gwathrop 16. BIRTHPLACE (city or town) Balto (State or country) md17. INFORMANT Isabel A. Lilly (Address) 2301 Avalon Ave18. BURIAL, CREMATION, OR REMOVAL Chase Randolphs Tom Date Dec 7th 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5th 193622. I HEREBY CERTIFY. That I attended deceased from Oct 6, 1936 to Dec 5, 1936 I last saw him alive on Dec 5, 1936 Death is said to have occurred on the date stated above, 12:5 a.m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy (over)
Arteriosclerosis
Heart Failure

Other contributory causes of importance:

SenilityWas an operation performed? Yes Date of Oct 24/36For what disease or injury? ProstatectomyName of operation for Prost. hyperst Date of Oct 24/36What test confirmed diagnosis? — Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) S. Wallensteen M. D. (Address) 2047 Eutaw Place

29768

HEALTH DEPARTMENT—CITY OF BALTIMORE 29768

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Calvert St. 17-4 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Ida Frances Guyton(a) Residence: No. 2211 N. Calvert St. St., 17-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Vet.

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed6. DATE OF BIRTH (month, day, year) Mar 9, 18647. AGE Years 72 Months 8 Days 26 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -12. BIRTHPLACE (city or town) Balto Co (State or country) Md13. NAME Noah Stinner14. BIRTHPLACE (city or town) Balto Co (State or country) Md15. MAIDEN NAME Catherine Harris16. BIRTHPLACE (city or town) Balto Co (State or country) Md17. INFORMANT M. Ruth Guyton (Address) 2211 N. Calvert St18. BURIAL, CREMATION, OR REMOVAL 13/7/26 Place Salem Upper Falls Date 13/7/2619. UNDERTAKER William Cook (Address) 1217 S. Paul St20. FILED 1926 19 11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) Inquest and from the evidence obtained by said (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Adoplexy Arteriosclerosis 11-5-36

Other contributory causes of importance:

Was an operation performed? no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 noWhere did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify no(Signed) W. Didenkov M. D.(Address) Coroner

M.D. 29769

F 29769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hos. 5-1* St., *5-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *518 Somerset* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Kenneth Browne*7. DATE OF BIRTH (month, day, year) *about 1863*7. AGE Years *73* Months _____ Days _____ If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation. *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Charles Feldman*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Amelia Delbrett*16. BIRTHPLACE (city or town) *Frederick G.* (State or country) *Maryland*17. INFORMANT *Charles Feldman* (Address) *1225 East Chase St.*18. BURIAL, CREMATION, OR REMOVAL Place *Balto.* Date *Dec 7th* 19 *36*19. UNDERTAKER *Wm Cook* (Address) *1217 St. Paul St.*20. FILED *1936* 19 *11/17* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4*, 19 *36*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquest* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Wm Cook*

M. D.

(Address) *1010 S. Edmund Ave.*

29770 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29770

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3148 Wilkens Ave Ward 2)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Walther Eames

(a) Residence: No. 3148 Wilkens Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~widowed or divorced~~ HUSBAND of John Eames (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30th 1860

7. AGE Years 76 Months 5 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) md

13. NAME John Walther

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Ivors

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Margaret C. Eames

(Address) 3148 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Dec 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 4, 1936.

I last saw her alive on Dec 3, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Asplenic Dehiscence, Coronary Embolism, Hypertension, Chronic Nephritis

Date of onset

Other contributory causes of importance:

Pulmonary Dehiscence

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Margaret C. Eames M. D.

(Address) 3148 Wilkens Ave

F 29771

29771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6th & Church St., Brooklyn Ward)Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 31 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 6th Church

(Usual place of abode)

St., Brooklyn

Ward.

(If non-resident give city or town and State)

If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

(or) WIFE of Henry W. Dwyer6. DATE OF BIRTH (month, day, year) Dec 4 - 1896

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Kalivoda14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Czechoslovakia17. INFORMANT Henry W. Dwyer(Address) 6th Church St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross ChDate 12/9/3619. UNDERTAKER William Cook(Address) 1217 St Paul St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1935, to Dec - 3, 1936I last saw her alive on Dec - 3, 1936 Death is saidto have occurred on the date stated above, at 4 H. m.

The principal cause of death and related causes of importance were as follows:

Squamous Cell Carcinoma of Cervix with generalized metastasesDate of onset June - 1935

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Paul Lubin(Address) 320 Antares Ave

M. D.

F 29772

F 29772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 25-5 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

Carl Bauer

(a) Residence: No.

533 S. Cambria 254 St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, HUSBAND or (or) WIFE

Mrs. Rosemont Bauer

6. DATE OF BIRTH (month, day, year)

Aug 7-1890

7. AGE

46

Years

Months

3

Days

29

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Ind. Chem. Co

10. Date deceased last worked at this occupation (month, day, year)

Nov 20/36

11. Total time (years) spent in this occupation

16 yrs

12. BIRTHPLACE (State or country)

Germany

13. NAME

John Bauer

14. BIRTHPLACE (city or town, State or country)

Germany

15. MAIDEN NAME

Anna Williams

16. BIRTHPLACE (city or town, State or country)

Germany

17. INTERMENT PLACE (Address)

St. Paul B. Bauer Street

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 12/9/36

19. UNDERTAKER (Address)

Melvin Cook 1217 S. Paul Street

20. FILED

12/11/36

Registrar.

21. DATE OF DEATH (month, day, year) 12/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1936, to 12/6, 1936

I last saw him alive on 12/6, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Disease
Mitral stenosis and insufficiency
Cerebral embolism

Date of onset

22

12/4

Other contributory causes of importance:

Bronchopneumonia

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis J. Kroll M. D.

(Address) South Baltimore Gen. Hosp.

F 29774

F 29774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1)

Baltimore City Hospital 26-10

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Allen Knous

If U. S. Veteran

specify WAR

(a) Residence: No.

342 S. East Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Theresa

6. DATE OF BIRTH (month, day, year)

April 1 1855

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

81

8

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pennsylvania

MOTHER FATHER

13. NAME

Francis

14. BIRTHPLACE (city or town) (State or country)

Penna.

15. MAIDEN NAME

Sarah Cohn

16. BIRTHPLACE (city or town) (State or country)

Penna.

17. INFORMANT

(Address)

Mrs Theresa Knous
342 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

St Matthews Church Dec 7 1936

19. UNDERTAKER

(Address)

John Green
2000 Orleans St

20. FILED

1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 3

1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypostatic pneumonia

Other contributory causes of importance:

Fracture of femur

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

Where did injury occur?

Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1010 S. Elmwood Ave

M. D.

29775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D-34 29775

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

GEORGE R. BUSH

If U.S. Veteran

specify WAR

World(a) Residence: No. 715 VINE ST SE

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lusan6. DATE OF BIRTH (month, day, year) 3-1-18897. AGE Years 47 Months 10 Days 2 If LESS than 1 day, hrs. min.OCCUPATION 8. Trade, profession, or particular kind of work done, as apliner, sawyer, bookkeeper, etc. Porter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070 10. Date deceased last worked at this occupation (month and year) Aug 9, 1936 11. Total time (years) spent in this occupation 1712. BIRTHPLACE (city or town) (State or country) Rocky Point N.C.FATHER 13. NAME George Bush 14. BIRTHPLACE (city or town) (State or country) Rocky Point N.C.MOTHER 15. MAIDEN NAME Annie Moore 16. BIRTHPLACE (city or town) (State or country) Rocky Point N.C.17. INFORMANT Annie Bush (mother) (Address) 7 N. Carlton St.18. BURIAL, CREMATION, OR REMOVAL Place National Date Dec. 7, 193619. UNDERTAKER Charles G. Cooper (Address) 314 N. Calhoun St.20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DECEMBER 3, 193622. I HEREBY CERTIFY, That I attended deceased from OCTOBER 30, 1936 to DECEMBER 3, 1936I last saw him alive on DECEMBER 3, 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF UTERUS (7+8" DORSO)
COMPLETE PRESSURE TRANSECTION
METASTASIS TO COLO & LIVER
LUES. CACHEXIA 2ND ANEMIA

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Kendrick Jr. M. D.(Address) University Hospital

7-1936

F 29776

F 29776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N Spring St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Clara Viola Brown(a) Residence: No. 412 N Spring St., 5-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 16 - 19207. AGE Years 16 Months 0 Days 8 If LESS than 1 day,.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) New Kent CO (State or country) VA13. NAME Elizabeth Brown14. BIRTHPLACE (city or town) New Kent CO (State or country) VA15. MAIDEN NAME Virginia Tyler16. BIRTHPLACE (city or town) New Kent CO (State or country) VA17. INFORMANT Virginia Brown (Address) 412 N. Spring18. BURIAL, CREMATION, OR REMOVAL Place New Kent VA Date Dec 7 193619. UNDERTAKER Robert Williams (Address) 1515 N. E. Church St20. FILED 1515 N. E. Church St Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1936 to Dec 4 1936I last saw him alive on Dec 3 1936 Death is said to have occurred on the date stated above, at 6:45 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

Where did the operation take place?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.(Address) 1612 E. Monument

29777 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29777

CERTIFICATE OF DEATH

19148

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt.

St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Whiting

If U.S. Veteran specify WAR no

(a) Residence: No. 3201 Presbury St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. S. Whiting

6. DATE OF BIRTH (month, day, year) 4-7-1852

7. AGE Years 84 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not any
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn.
(State or country)

13. NAME B. Gray

14. BIRTHPLACE (city or town) Conn.
(State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Conn.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec. 8/1936

19. UNDERTAKER John Mitchell Bros
(Address) 1900 Cedar Place

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1936

22. I HEREBY CERTIFY. That I attended deceased from 12-1-1936 to 12-5-1936

I last saw her alive on 12-5-1936 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 36 hrs

Other contributory causes of importance:

Arteriosclerotic Heart Dis unk

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John F. Carney M.D.
(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Falt Ave. St. 26-11 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Elmer Kornis, Jr.

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran
specify WAR

(a) Residence: No. 3206 Falt Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 3, 1923.

7. AGE Years 13 Months 3 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George Elmer Kornis, Jr.

14. BIRTHPLACE (city or town) Bradshaw, Md. (State or country)

15. MAIDEN NAME Edna Elizabeth Gude

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Edna E. Kornis. (Address) 3206 Falt Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Dec. 7, 1936

19. UNDERTAKER George W. Dinkler (Address) 1737 E. Egan St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Dec 4, 1936

I last saw him live on Dec 3, 1936 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Decompensation

Date of onset

Other contributory causes of importance:

Chronic Endocarditis

Myocarditis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clara Dinkler M. D.

(Address) 4706 Hartman Ave

12/5/36

29780

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29780

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1933 Orleans* St., *6-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *65* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *65* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1933 Orleans* St., *6-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| SEX <i>Female</i> | 4. Color of Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i> |
| 6. If married, widowed, or divorced HUSBAND of <i>Chas. Hasselbarth</i> (or) WIFE of | | |
| DATE OF BIRTH (month, day, year) <i>May 24/1857</i> | | |
| AGE <i>77</i> | Years <i>8</i> | Months <i>10</i> |
| 7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> | | 8. If LESS than 1 day, hrs. or min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 11. Total time (years) spent in this occupation |
| 10. Date deceased last worked at this occupation (month and year) | | |

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

Date

9. UNDERTAKER

(Address)

FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 4, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 30* to *Dec 4*, 19*36*I last saw him alive on *Dec 4*, 19*36* Death is said to have occurred on the date stated above, at *3* m.

The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis; + Myocarditis.

Date of onset

?

Other contributory causes of importance:

*Cor. dis. - v. c. a. s. h. o. g. 1 day
Cardiac decompensation 9 mos.*

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

29781

HEALTH DEPARTMENT—CITY OF BALTIMORE

29781

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 S. Sharp St. 23-1 Ward)Length of residence in city or town where death occurred 45 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 ds.

2. FULL NAME

Louise Corrieri(a) Residence: No. 1246 S. Sharp St., 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Corrieri6. DATE OF BIRTH (month, day, year) June 21, 18797. AGE Years 57 Months 5 Days 14 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) do
11. Total time (years) spent in this occupation do12. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Frank Corrieri
14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Frank Corrieri
(Address) 1246 S. Sharp St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 9 193619. UNDERTAKER Fred. J. Keane & Son
(Address) 1216 S. Charles St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5 193622. I HEREBY CERTIFY That I attended deceased from 12/1 1936 to 12/5 1936I last saw him alive on 12/5 1936 Death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance were as follows:

Acute Sobar
neumonia
6 daysOther contributory causes of importance:
Deaceto mellitus
Chronic Bronchitis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis urine + + + Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____(Signed) David J. Keane M. D.(Address) 142 W. 1st

DEC 7 - 1936

F 29782 HEALTH DEPARTMENT—CITY OF BALTIMORE 29782

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
 CITY OF BALTIMORE: (No. St. 2 Ward) Registered No. 467
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
 If U. S. Veteran —
 specify WAIT —

2. FULL NAME Joseph Singler
 (a) Residence: No. Lakewood Ave., Lakewood, Ohio St. — Ward. —
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married
 5a. If married, widowed, or divorced
 HUSBAND of Gertrude Nesbitt
 (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 3, 1861
 7. AGE Years 75 Months 1 Days 2 If LESS than 1 day, — hrs. or — min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0030
 10. Date deceased last worked at this occupation (month and year) 10-15-31 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Newark
 (State or country) New Jersey

FATHER 13. NAME Joseph Singler
 14. BIRTHPLACE (city or town) New Jersey
 (State or country)

MOTHER 15. MAIDEN NAME Anna ??
 16. BIRTHPLACE (city or town) Canada
 (State or country)

17. INFORMANT U.S. Marine Hospital
 (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Mary's Cemetery Date Dec. 8, 1936

19. UNDERTAKER C. Leroy S. Tupper, Inc.
 (Address) 1258 North Ave.

20. FILED 1936-12-10 Registrar. Enty

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936
 22. I HEREBY CERTIFY, That I attended deceased from October 15, 1931 to December 5, 1936
 I last saw him alive on December 5, 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:
Adenocarcinoma, pancreas
Arteriosclerosis, general
Senility

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? — Date of injury —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) T. M. W. a cura M. D.

(Address) U.S. Marine Hospital

F 29783

F 29783.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *311 Carlton* St., *18-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *311 Carlton* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced *Wid*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE *60* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Princeton* (State or country) *Ind*13. NAME *James Winston*14. BIRTHPLACE (city or town) *Ind* (State or country)15. MAIDEN NAME *Elyse Kay*16. BIRTHPLACE (city or town) *Ind* (State or country)17. INFORMANT *Alice Smith* (Address) *311 Carlton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *mt Auburn* Date *Dec 8, 1936*19. UNDERTAKER *Mrs Kate R Williams* (Address) *322 N. Broadway St.*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 4 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 2* 19*36* to *Dec 4* 19*36*I last saw him alive on *Dec 4* 19*36* Death is said to have occurred on the date stated above, at *6:20 pm*

The principal cause of death and related causes of importance were as follows:

Organic Disease of Heart

Date of onset

?

Other contributory causes of importance:

*Pulmonary Edema**Dec 4*Name of operation *No*

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. H. Williams*(Address) *939 N. Broadway St.*

M. D.

9784

F 29784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union St. 14-2 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

If U. S. Veteran
specify WAR

(a) Residence: No. _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed,
or Divorced (write the word) Married

5a. If married, widowed, or divorced

(or) WIFE of

Horace L. Shipley6. DATE OF BIRTH (month, day, year) March 16 18757. AGE Years Months Days If LESS than
61 5 14 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 193622. I HEREBY CERTIFY. That I attended deceased from
11/24/36, 1936 to 12/15, 1936I last saw her alive on 12/15, 1936. Death is said
to have occurred on the date stated above, at 9:26 a.m.The principal cause of death and related causes of
importance were as follows:Chronic appendicitis
perforated appendix
peritonitis

Date of onset

Other contributory causes of importance:

Chronic appendicitisWas an operation performed? Yes Date of 1/30/36For what disease or injury? Chronic appendicitisWhat test confirmed diagnosis? Operation Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 29785 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Kendall Road St. 27-14 Ward)Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Blanche E. Webb(a) Residence: No. 302 Kendall Road St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 19, 18647. AGE Years 72 Months 8 Days 16 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford County
(State or country)13. NAME Joshua W. Bateman14. BIRTHPLACE (city or town) Harford County
(State or country)15. MAIDEN NAME Hannah M. Corman16. BIRTHPLACE (city or town) Harford County
(State or country)17. INFORMANT John Webb
(Address) 302 Kendall Rd18. BURIAL, CREMATION, OR REMOVAL Harford County Date Dec 8, 193619. UNDERTAKER A. S. Marshall
(Address) 3539 Bell Road20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1936

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

11-5-3637

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ch. Didukhor M. D.(Address) Coroner

29786

F 29786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *N-12 E. 33rd St.* St., *9-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1512 E. 33rd St.* St., *9-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Thomas H. E. Nicholson*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 7-1880*7. AGE Years *56* Months *5* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Samuel F. Smith*14. BIRTHPLACE (city or town) *Na*
(State or country)15. MAIDEN NAME *Margaret A. Harris*16. BIRTHPLACE (city or town) *Na*
(State or country)17. INFORMANT *Thomas H. E. Nicholson*
(Address) *1512 E. 33rd St.*18. BURIAL, CREMATION, OR REMOVAL *Int. Cling*
Date *12-7-36*19. UNDERTAKER *Leonard H. Hays*
(Address) *5305 7th Ave. N.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-4-36*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 1st 1933* to *Dec. 4th 1936*
I last saw him alive on *Dec. 4th 1936* Death is saidto have occurred on the date stated above, at *20* m.

The principal cause of death and related causes of importance were as follows:

Calculus Heart Disease Date of onset *1923*Other contributory causes of importance: *Cardiac Failure* *Nov 5/36*Was an operation performed? *No* Date of *✓*

For what disease or injury?

What test confirmed diagnosis? *✓* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓*, 19Where did injury occur? *✓*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Robert S. Kirk* M. D.(Address) *3126 1st Ave. N.*

F 29787

F 29787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Montpelier St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary Magdalena Sutherland(a) Residence: No. 1730 Montpelier St., 9-7 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND (or) WIFE of Harry B. Sutherland6. DATE OF BIRTH (month, day, year) Sept 23 18567. AGE 80 Years 12 Months 13 Days ☒ If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto (State or country) Md13. NAME Charles Magdalena14. BIRTHPLACE (city or town) Germany (State or country) Boh15. MAIDEN NAME Kernicke16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mina S. Tucker (Address) 572 E 36th St Balto18. BURIAL, CREMATION, OR REMOVAL Sec
Place Balto Cemetery Date Nov 8th 193619. UNDERTAKER Geo Schilling & Sons (Address) 1744 N 126th St20. FILED 7-1936 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.5, 193622. I HEREBY CERTIFY, That I attended deceased from 12.1, 1936 to 12.5, 1936I last saw him alive on 12.5, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhageDate of onset 12/1/36

Other contributory causes of importance:

arterio sclerosis & hyper-tension11/7/36

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. Henderson M. D.(Address) 1724 N. Caroline St

29788 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-3 Ward)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

Margaret Strohl

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U.S. Veteran

specify WAR

(a) Residence: No.

625 N. Collington Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days 6-27-1860 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME William H. Marshall

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Buried in Md. Date DEC 7 - 1936

19. UNDERTAKER Commissioner of Health (Address)

20. FILED 1936 Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1934 to 12-2, 1936

I last saw him alive on 12-2, 1936 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)

Date of onset 5 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Rainey

(Address) Baltimore City Hospital

2804

29789

✓ F 29789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp. 5-1* St., *5-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bruce Crawford

U 2732.

If U.S. Veteran

specify WAR

(a) Residence: No.

109 N. Annapolis

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|--|
| 3. SEX <i>M</i> | 4. Color or Race <i>W.</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>M.</i> |
|--------------------|-------------------------------|--|

5a. If married, widowed, or divorced HUSBAND of (or) *Bessie Crawford*6. DATE OF BIRTH (month, day, year) *March 23, 1870*

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>66</i> | <i>8</i> | <i>2</i> | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>Chf.</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <i>all?</i> |
| | 10. Date deceased last worked at this occupation (month and year) | <i>?</i> |
| | 11. Total time (years) spent in this occupation | <i>?</i> |

12. BIRTHPLACE (city or town) (State or country) *Frederick County Maryland*

| | | |
|--------|--|-----------------|
| FATHER | 13. NAME | <i>George</i> |
| | 14. BIRTHPLACE (city or town) (State or country) | <i>Virginia</i> |

| | | |
|--------|--|---------------------|
| MOTHER | 15. MAIDEN NAME | <i>Laura Bailey</i> |
| | 16. BIRTHPLACE (city or town) (State or country) | <i>Virginia</i> |

17. INFORMANT *Hospital Records.*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Buried in Md. State* **DEC 7 - 1936**19. UNDERTAKER *Commissioner of Health*
(Address)

Per H. A. Moore

20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *November 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *November 11, 1936, to November 25, 1936*I last saw him alive on *November 25, 1936* Death is said to have occurred on the date stated above, at *4:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If Specify

(Signed)

Leon H. Feldman

M. D.

(Address)

Baltimore City Hospitals.

2803

29790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29790

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Brooks

If U.S. Veteran

specify WAR

(a) Residence: No. 527 Washington Blvd St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18867. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 201512. BIRTHPLACE (city or town) (State or country) C O N N13. NAME Albert Brooks 14. BIRTHPLACE (city or town) (State or country) Detroit Michigan15. MOTHER NAME Albina Burke 16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT William Brooks (Address) 221 Washington Blvd18. BURIAL, CREMATION, OR REMOVAL DEC 7 - 1936 Place University of Md Date19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 19 3622. I HEREBY CERTIFY, That I attended deceased from Nov 21, 19 36, to Dec 1, 19 36I last saw him alive on Dec 1, 19 36. Death is said to have occurred on the date stated above, at 3³⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

Other contributory causes of importance:

PeritonitisWas an operation performed? yes Date of 11/23/36For what disease or injury? Intestinal ObstructionWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. J. Nicholson M. D.(Address) University Hosp

2806

29791

✓ F 29791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 18550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24 - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Roy Allen

If U.S. Veteran

specify WAR

(a) Residence: No. 1624 E. Fort Avenue

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of 11-8-36
(or) WIFE of8. DATE OF BIRTH (month, day, year) 11-8-367. AGE Years Months Days If LESS than 1 day, hrs. or min. 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City
(State or country) Hospitals13. NAME William Allen14. BIRTHPLACE (city or town) Balto., Md.
(State or country)15. MAIDEN NAME Evelyn Gross16. BIRTHPLACE (city or town) Balto., Md.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL DEC 7 - 1936
Place Commissioner of Health19. UNDERTAKER Per N. A. Moore
(Address)20. FILED 1936
2805

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/36 19

22. I HEREBY CERTIFY, That I attended deceased from

11/8/36 19 to 12/4/36 19
I last saw him alive on 12/4/36 19 Death is said to have occurred on the date stated above, at 5:00 A.

The principal cause of death and related causes of importance were as follows:

acute median
diabetes
androsis + dehydration

Date of onset

11/28/3611/25/3611/27/36

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

A. J. Alexander
Balto City Hosp

M. D.

29792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Overdale Road St. 25-14 Ward) Hamilton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1852

7. AGE

Years

Months

Days

If LESS than 1 day, hrs.

min.

84429

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6, 193622. I HEREBY CERTIFY, That I attended deceased from 11/27, 1936 to 12/6, 1936I last saw him alive on 12/6, 1936 Death is saidto have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (bacterial) 11/28/36

Other contributory causes of importance:

State of Regurgitation 10/1/36Was an operation performed? No Date of

For what disease or injury?

Name of operation Symplectomy Date ofWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Henry Russell M. D.(Address) 3802 Greenleaf

1995
28793

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ P 28793

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Captain Harry Warner

If U.S. Veteran specify WAR

(a) Residence: No.

Adalia ave Davis Island

Ward.

Tampa Fla.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------|--|
| 3. SEX m | 4. Color Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leola Armstrong | | |
| 6. DATE OF BIRTH (month, day, year) 6-24-63 | | |
| 7. AGE 73 | Years 5 | Months 14 |
| 8. Trade, profession, or particular kind of work done, as apioneer, sawyer, bookkeeper, etc. Pres Pure Springs water etc. | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country) Mass

13. NAME James Warner

14. BIRTHPLACE (city or town) (State or country) Mass

15. MAIDEN NAME Eleanor Surgham

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Badenton Fla Date Dec 11, 1936

19. UNDERTAKER (Address) John Mitchell Home 1900 Canton Place

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 30, 1936, to Dec 7, 1936

I last saw him live on Dec 7, 1936 Death is said to have occurred on the date stated above, at 245 a.m.

The principal cause of death and related causes of importance were as follows:

Vascular accident (Hypertension)

Date of onset

12-6-36

Other contributory causes of importance:

Cataract Extraction

Was an operation performed? Date of 12-5-36

For what disease or injury? Senile Cataract

Neurological

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward P. Burk M. D.

(Address) Johns Hopkins Hosp.

29794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29794

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922. S. Charles

St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. O'Donoghue

If U.S. Veteran
specify WAR

(a) Residence: No. 922. S. Charles

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) 10

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah O'Donoghue

6. DATE OF BIRTH (month, day, year) Nov. 9th, 1867

7. AGE Years 69 Months 0 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 1037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Deals Island
(State or country) Maryland

13. NAME Robert Tawes

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Charles Heintzman
(Address) 922, S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ch. Date Dec, 8th, 1936

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811, N. Wolfe St

20. FILED

Registrar, 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 5th, 1936

22. I HEREBY CERTIFY. That I attended deceased from June 11th, 1936 to Dec. 5, 1936

I last saw her alive on Dec. 5, 1936. Death is said to have occurred on the date stated above, at 8.15 a.m. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio vascular renal disease

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signature) Harry Seibel M. D.

(Address) 1224-1266 Hanover St.

7-1536

M. D. B. 1268-9
F 29795

F 29795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St., 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 723 S. Lakerwood St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie6. DATE OF BIRTH (month, day, year) about 18817. AGE Years 55 Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. William B. 1924 Haystack 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Beth (State or country) md.FATHER 13. NAME Samuel B.14. BIRTHPLACE (city or town) Maryland (State or country)MOTHER 15. MAIDEN NAME Mary E. Doyle16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT George Gray (Address) 723 S. Lakerwood18. BURIAL, CREMATION, OR REMOVAL Place St. Carmel Date 12/8 193619. UNDERTAKER William Book (Address) 1217 S. Paul St20. FILED 336 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereon and from the evidence obtained by said inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.(Address) 1010 S. Lakerwood

29796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29796

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Roy Hoffman

If U.S. Veteran

specify WAR

(a) Residence: No. 817 S. Calver St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

unknown

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None - read

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md.

FATHER

13. NAME

William Hoffman

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Ursula Lee

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT
(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Medical

DEC 7 - 1936

19. UNDERTAKER
(Address)

Commissioner of Health

Per H. A. Moore

20. FILED

10

Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936 to Nov 30, 1936

I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset
Nov 36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Fluoroscope Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Wm C. Stiff Jr.

M. D.

(Address)

Johns Hopkins Hospital

2811

29797

F 29797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 159

CITY OF BALTIMORE: (No. 9-9

St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baty Wilkman

If U.S. Veteran

specify WAR

(a) Residence: No. 1012 Larnmont St., Case Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-2-36

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Me

FATHER

13. NAME

Slater Wilkman

14. BIRTHPLACE (city or town) (State or country)

Me

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

DEC 7 - 1936

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

20. FILED

1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 2, 1936.

I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset
Dec. 2

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Wm. C. Stiffler, Jr.

M. D.

(Address)

Johns Hopkins Hospital

2812

29798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER _____

(Address) _____

20. FILED _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____, 19 _____

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) _____

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

Coroner

M. D.

(Address) _____

2799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18857

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-2 Ward)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Dodson

If U.S. Veteran
specify WAR

(a) Residence: No. 11 N. Stricker Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Wm. Dodson (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-27-1904

7. AGE Years 32 Months 4 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Joseph ?

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Betty Burke

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Va. Date 12-7-36

19. UNDERTAKER John C. Miller (Address) 2435 E. Baltimore

20. FILED 12-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936 to 12-7, 1936

I last saw him alive on 12-7, 1936 Death is said to have occurred on the date stated above, at 55 A.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease

Date of onset

1 yr

Other contributory causes of importance:

Was an operation performed no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John L. Ramsey

(Address) Baltimore City Hospital

29800

✓ F 29800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1467 Woodall St. St. 24-1 Ward)

Length of residence in city or town where death occurred 40 yrs. How long in U. S. If of foreign birth? 40 yrs. ds.

2. FULL NAME

Katherine Flamm.

(a) Residence: No. 1467 Woodall St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If ~~XXXXXX~~ widowed, or ~~XXXXXX~~ ~~XXXXXX~~ John Flamm. (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1868

7. AGE Years 68 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany. (State or country)

13. NAME ----- Windisch.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT George Heck. (son) (Address) 1467 Woodall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec. 8, 1936

19. UNDERTAKER Margaret H. Flynn (Address) 1422 1/2 Light St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

12/7/36

1017 S. Charles St.

M. D.

Coroner

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

F 29801

F 29801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Cleveland St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs 7 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1604 Cleveland St., 8-7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Carey

6. DATE OF BIRTH (month, day, year) June 4, 1865

7. AGE Years 70 Months 7 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

13. NAME Joshua Carey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Harrow

16. BIRTHPLACE (city or town) (State or country) 2

17. INFORMANT Mrs Fannie Allen - daughter (Address) 204 W. 1st St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/4/1921

19. UNDERTAKER S. New M. Co. (Address) 130 E. 4th St.

20. FILER

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 7, 1936.

I last saw him alive on Dec 5, 1936. Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic Cordis Venular Disease

Date of onset

7 days

Other contributory causes of importance:

Scurvy

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julius H. Goodman, M. D.

(Address) 3400 E. 36th St.

✓ F 29802

29802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Beth City Hospital* St. *19-4* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Edward Wattel*

If U. S. Veteran

specify WAR

(a) Residence: No. *1833* *Ramsey* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar*7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Unknown* (State or country)FATHER 13. NAME *11* 14. BIRTHPLACE (city or town) *11* (State or country) *11*MOTHER 15. MAIDEN NAME *11* 16. BIRTHPLACE (city or town) *11* (State or country) *11*17. INFORMANT *no records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Westview Cem* Date *Dec 8* 19*36*19. UNDERTAKER *John C. Miller* (Address) *2437-35 E. Belvoir*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 3* 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Wright* M. D.(Address) *1010 S. Ellwood* Coroner

29803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1314 Hull St.* St., *24-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Matilda Nixon

(a) Residence: No.

1314 Hull

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of *Fredrick Nixon*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug. 31 - 1871*

| | | | | |
|--------|-----------|----------|-----------|--------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day. — hrs. or — min. |
| | <i>65</i> | <i>3</i> | <i>76</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *England*
(State or country)

FATHER 13. NAME *John Tate*

14. BIRTHPLACE (city or town) *England*
(State or country)

MOTHER 15. MAIDEN NAME *Mary Jones*

16. BIRTHPLACE (city or town) *England*
(State or country)

17. INFORMANT *Fredrick Nixon*
(Address) *1314 Hull St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn* Date *Dec 9* 19*36*19. UNDERTAKER *Charles P. Stearns*
(Address) *1501 E. Park Ave.*20. FILED *1836*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-7*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 28*, 19*36* to *Dec 7*, 19*36*I last saw him alive on *Dec-6*, 19*36* Death is said to have occurred on the date stated above, at *6:15 a* m.

The principal cause of death and related causes of importance were as follows:

*Chronic Pneumonia**Marasmus**Hypertension, atherosclerosis**Deformities*

Date of onset

*29**40**103*

Other contributory causes of importance:

Chronic Pulmonary Nephritis *10 days*Name of operation *None* Date of *None*What test confirmed diagnosis? *Urinalysis & X-ray* Was there an autopsy? *W*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos. P. Stearns* M. D.(Address) *2878 Starford Rd*

29804

HEALTH DEPARTMENT—CITY OF BALTIMORE

29804

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. 1 mos. 1 ds.

2. FULL NAME

Mr. Wesley Carver

If U.S. Veteran

specify WAR

(a) Residence: No.

Home de Grace, Md.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced, HUSBAND of Edith Carver (or) WIFE of6. DATE OF BIRTH Dec 14 - 18697. AGE Years 66 Months 11 Days 24 If LESS than I day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 0086 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Home de Grace Md. (State or country)13. NAME John W Carver14. BIRTHPLACE (city or town) Home de Grace Md. (State or country)15. MAIDEN NAME Katherine Wells16. BIRTHPLACE (city or town) Home de Grace Md. (State or country)17. INFORMANT Mr. Edith Carver (Address) Home de Grace Md.18. BURIAL, CREMATION, OR REMOVAL Place Home de Grace Date 12/1/36 1919. UNDERTAKER Geo. E. Beyer Jr (Address) 1512 Hollins St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 193622. I HEREBY CERTIFY, That I attended deceased from November 6, 1936 to Dec 8, 1936I last saw him alive on Dec 8, 1936. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic Cardiovascular Renal Disease with Cardiac Decompensation

Other contributory causes of importance:

Coronary Thrombosis; Diabetes MellitusWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Maxwell Albellain M. D.(Address) University Hospital

F 29805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3538 Hickory Ave. St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Hicks.

(a) Residence: No. 3538 Hickory Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Jennie Hicks

6. DATE OF BIRTH (month, day, year) 9/30/57

7. AGE Years 79 Months 3 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employ 0086

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co Md. (State or country)

13. NAME Peter Hicks

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mr. Harry Hicks (Address) 3538 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Marie Towson Date 12/9/36 19.

19. UNDERTAKER Geo L. Meyer Jr (Address) 1512 Hollins St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1936

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Coroner

29806 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29806

14843

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 25-2 Ward) 131

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME John Higginson

(a) Residence: No. 1922 Casadel St. St. 0 Ward. 0

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Alice (or) WIFE of 0

6. DATE OF BIRTH (month, day, year) 10/1/1859

7. AGE Years 77 Months 2 Days 4 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman unknown 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto., Md. (State or country) 0

FATHER 13. NAME John Higginson 14. BIRTHPLACE (city or town) Poland (State or country) Ireland

MOTHER 15. MAIDEN NAME Bridget McKern MulKern 16. BIRTHPLACE (city or town) Ireland (State or country) 0

17. INFORMANT Hospital Records (Address) 0

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Place 0 Date Dec 9th 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

20. FILED 0 Registrar. 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1936 to 12-5, 1936

I last saw him alive on 12-5, 1936. Death is said to have occurred on the date stated above, at 10²⁰0 m.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardio-vascular Renal Disease unk

Other contributory causes of importance: 0

Was an operation performed? no Date of 0

For what disease or injury? 0

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: 0

Accident, suicide, or homicide? 0 Date of injury 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of Injury 0

Nature of Injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify John F. Rainey (Signed) Baltimore City Hospital (Address) 0

29807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29807

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5014 Catalpha Road St. 27-3 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran No Record specify WAR

2. FULL NAME

(a) Residence: No. 5014 Catalpha Road St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mrs Anna E. Burns
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 5-18847. AGE Years 52 Months 5 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector of Customs9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt10. Date deceased last worked this occupation (month and year) 12/1/36 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Baltimore, City Md13. NAME John Wesley Burns14. BIRTHPLACE (city or town) (State or country) Dorchester City Maryland15. MAIDEN NAME Catherine C. Anderson16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Mrs Anna E. Burns(Address) 5014 Catalpha Road18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 8, 193619. UNDERTAKER Wm Cook(Address) 1217 St. Paul St

20. FILED _____ Registrar.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Dec 6, 1936I last saw him alive on Dec 6, 1936 Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

Chronic Interstitial Nephritis

Date of onset

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi S DiStefano M. D.(Address) 407 W. Euter

29808

HEALTH DEPARTMENT—CITY OF BALTIMORE 29808

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hosp.*CITY OF BALTIMORE: (No. *27-10* St., *107-W* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *52* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *52* yrs. *0* mos. *0* ds.

2. FULL NAME

*Mr. Otto Schroeder*If U. S. Veteran *No Record* specify WAR(a) Residence: No. *803 Winston Ave.*

St., _____ Ward, _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, *Widowed*5a. If ~~married~~, widowed, or divorced HUSBAND of *Louise Schroeder*6. DATE OF BIRTH (month, day, year) *Oct 12th 1882*7. AGE Years *54* Months *1* Days *25* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Proprietor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lunch Room*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Norway*
(State or country)13. NAME *Soren Schroeder*
14. BIRTHPLACE (city or town) *Norway*
(State or country)15. MAIDEN NAME *Olson*
16. BIRTHPLACE (city or town) *Norway*
(State or country)17. INFORMANT *Louise Schroeder*
(Address) *803 E. Winston Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Balto* Date *Dec 9th 1936*19. UNDERTAKER *Wm. Cook*
(Address) *1217 St Paul st*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/7, 1936*22. I HEREBY CERTIFY, That I attended deceased from *12/5*, 1936 to *12/7*, 1936I last saw him alive on *12/7*, 1936 Death is said to have occurred on the date stated above, at *7:30* am.

The principal cause of death and related causes of importance were as follows:

Diffuse Bronchopneumonia
*bilateral*Date of onset *11/30/36*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis J. Krall* M. D.(Address) *South Balto. Zen Hg.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

29809

CERTIFICATE OF DEATH

29809

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 St. Paul St. 12 Ward)

Length of residence in city or town where death occurred 4 1/2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Clara V. Grindall

(a) Residence: No. 2720 St Paul St., 12 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran No Record specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept 27th 1854

7. AGE Years 82 Months 2 Days 9 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Joseph T. Grindall

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Mary E. Campbell

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs W. Harry Gilbock (Address) 16 Paradise or Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Dec 9th 1936

19. UNDERTAKER Wm Cook (Address) 1257 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 6th 1936 to Dec 6th 1936

I last saw him alive on Dec 6th 1936 Death is said to have occurred on the date stated above at Sudden

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis

Other contributory causes of importance: Probable

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) Wm M. Pannbaker M. D. (Address) 2740 St. Paul St.

M. D. B. 12681
F 29810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29810

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21-1

St. 21-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1033 N. Barre

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1871

7. AGE Years 65 Months 2 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vegetable dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked in this occupation (month and year) 10/16/35
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Matthews

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) 1033 N. Barre St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Dec 9 1935

19. UNDERTAKER (Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable free skull

Other contributory causes of importance:

Free rib - bony pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12/6/35

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Coroner

29811

F 29811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Siani Hospital St., 9-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Sophia J. Ohler

If U. S. Veteran specify WAR No. _____

(a) Residence: No. 1628-Harford Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) 11/6/18757. AGE Years Months Days If LESS than 1 day or min. 61 - 29 12228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation 2912. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Charles Ohler14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Hannah Crates16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Mrs. Louise C. Kennedy
(Address) 5608-Greenfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 12/8/36, 19__19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED

19__

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastric ulcer

Other contributory causes of importance:

hemorrhageWas an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Paul Schenker Coroner M. D.(Address) 1919 E. North Ave.

F 29812

F 29812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. Ponca St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 734 S. Ponca St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. Color or Race 76. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Steve Mallis

6. DATE OF BIRTH (month, day, year) Feb. 2-1903

7. AGE Years 33 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME James Giannoulis

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Steve Mallis (Address) 734 S. Ponca

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date 12/8 1936

19. UNDERTAKER John G. Connolly (Address) 3209 Eastern Ave.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Dec. 6, 1936

I last saw him alive on Dec. 5-36 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

A Cordiac Asthma Date of onset 1936
Other contributory causes of importance: Acute Dilatation of Heart

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Morris J. Scheindlinger

(Address) 3209 Eastern Ave.

F 29813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29813

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Linwood Taylor
(a) Residence: No. 2029 St. Lunge St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Theresa Loylor WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19, 1909

7. AGE Years 27 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 0087

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Bayard Taylor

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Lillian Hunt

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Theresa Loylor (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Heaven Date Dec 10, 1936

19. UNDERTAKER Geo. W. Little (Address) 2700 Edmondson Ave

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-14-36, 19, to 12-7-36, 19

I last saw him alive on 12-7-36, 19. Death is said to have occurred on the date stated above, at 11:05 AM

The principal cause of death and related causes of importance were as follows:

Sarcoma of thigh

Date of onset 1931

Other contributory causes of importance:

Tuberculosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Lawrence H. Mills M. D.
(Address) Mercy Hospital

F 29814

F 29814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carl W. Neese.

If U. S. Veteran

Specify WAR

(a) Residence: No. 1610 Elmtree St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |
| 5a. If married, write name of HUSBAND or WIFE | | |
| Margaret Neese. | | |
| 6. DATE OF BIRTH (month, day, year) September 8, 1893 | | |
| 7. AGE | Years | Months |
| | 43 | 2 |
| | | Days |
| | | 20 |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | Car wheel moulder | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| | 12. BIRTHPLACE (city or town) Tennessee. | |
| | (State or country) | |
| FATHER | 13. NAME Do not know. | |
| | 14. BIRTHPLACE (city or town) Do not know. | |
| | (State or country) | |
| MOTHER | 15. MAIDEN NAME Do not know. | |
| | 16. BIRTHPLACE (city or town) Do not know | |
| | (State or country) | |
| 17. INFORMANT Margaret Neese. (wife) | | |
| (Address) 4318 Pimlico Rd. | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| Place National Cem. Date 12-8-36 | | |
| 19. UNDERTAKER Bernard G. Harle | | |
| (Address) 121 E. 11th St. | | |
| 20. FILED | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|-------------------|
| 21. DATE OF DEATH (month, day, year) | November 28, 1936 |
| 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above. | |
| The principal cause of death and related causes of importance were as follows: | |
| Fracture of the skull. | Date of onset |
| Fall in attempting to jump on a box car. of B. & O. R. R. | 11/25/36 |
| Other contributory causes of importance: | |
| Was an operation performed? No Date of | |
| For what disease or injury? | |
| Name of operation Date of | |
| What test confirmed diagnosis? inquiry Was there an autopsy? No | |
| 23. If death was due to external causes (violence) fill in also the following: accident 11/25/36 | |
| Accident, suicide, or homicide | |
| Where did injury occur? B. & O. R. R. tracks. | |
| (Specify city or town, county, and State) | |
| Specify whether injury occurred in industry, in home, or in public place Private right of way. | |
| Manner of injury Fall | |
| Nature of injury Fracture of the skull. | |
| 24. Was disease or injury in any way related to occupation of deceased? | |
| If so, specify | |
| (Signed) Otto S. Reinhardt M. D. | |
| 12/7/36 1017 S. Charles St. Coroner | |

OCCUPATION is very important. See instructions on back of certificate.

F 29815

F 29815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Langwashed St. 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. 1208 Langwashed St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1918

7. AGE 18 Years Months 5 Days 28 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Wilbur Hynes

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mary Jane Ruff

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT John Wilbur Hynes (Address) 1208 Langwashed St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec. 8, 1936

19. UNDERTAKER Frank H. Hewell (Address) Pikesville Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of Importance

12,000 am

Date of onset

Other contributory causes of Importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 12/6, 1936

Where did injury occur? 1208 Langwashed St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Shot in back with a knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) CHALLER M. D.

(Address) 1215 Haverdway Coroner

29816

F 29816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Raymond Silvia

If U. S. Veteran

specify WAR

(a) Residence: No. 808 Sterling St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 26th 19357. AGE Years 1 Months 9 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) Nov. 1935
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) MD13. NAME Manuel Silva
14. BIRTHPLACE (city or town) Cape Verde Island
(State or country) Portugal15. MAIDEN NAME Sarah Yoch
16. BIRTHPLACE (city or town) St. Marys Co
(State or country) Ind17. INFORMANT Sarah Silva
(Address) 808 Sterling St18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 12-8-193619. UNDERTAKER Burnett Mamie H. Knight
(Address) 1218 McElderry St20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.5.193622. I HEREBY CERTIFY, That I attended deceased from 12.1.1936 to 12.5.1936I last saw him alive on 12.5.1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

BronchopneumoniaDate of onset
12.1.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical X-ray Date of
What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James D. Carr

M. D.

(Address)

515 Mosher St

F 29817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29817

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *18* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Frank Davis

If U. S. Veteran

specify WAR

(a) Residence: No. *2210 Roslyn Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of

Janet Davis

6. DATE OF BIRTH (month, day, year)

Aug. 7/95

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

41

3

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

apiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Apartment house

10. Date deceased last worked at this occupation (month and year)

11.25.36

11. Total time (years) spent in this occupation

6 yrs

12. BIRTHPLACE (city or town) (State or country)

Scotland Neck N.C.

FATHER

13. NAME

Frank Davis

14. BIRTHPLACE (city or town) (State or country)

Scotland Neck N.C.

MOTHER

15. MAIDEN NAME

Sallie Bishop

16. BIRTHPLACE (city or town) (State or country)

Scotland Neck N.C.

17. INFORMANT

(Address)

Mrs. Janet Davis 2210 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place *Franklin Va* Date *2/8/36* 19

19. UNDERTAKER

(Address)

Isaiah L. Downing 108 W. Montgomery St

20. FILED

1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12.6.1936*

22. I HEREBY CERTIFY, That I attended deceased from *11.26.1936* to *12.6.1936*

I last saw him alive on *12.6.1936* Death is said to have occurred on the date stated above, at *7:40* m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease

Date of onset

11.15.36

Acute uremia

12.3.36

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

James P. Carr M. D.

(Address) *515 Mosier St*

F 29818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29818

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Pulaski St. 26 Ward)Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Katie L. Reiberlein

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 306 S. PulaskiSt., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Reiberlein6. DATE OF BIRTH (month, day, year) Oct. 23 - 18547. AGE Years 82 Months 1 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana13. NAME Tom Browning14. BIRTHPLACE (city or town) (State or country) U.S.A.15. MAIDEN NAME Margaret Bridges16. BIRTHPLACE (city or town) (State or country) U.S.A.17. INFORMANT Mrs. Ida M. Hesser (Address) 737 Linard St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 10, 193619. UNDERTAKER George L. Schmal (Address) 2121 Federal Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 193622. I HEREBY CERTIFY That I attended deceased from Sept 10, 1936 to Dec 7, 1936I last saw him alive on Dec 7, 1936 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1 1/2

Other contributory causes of importance:

Central Hemorrhage 1 Day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 29819 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19193

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield Courtney

If U.S. Veteran specify WAR

(a) Residence: No. 1711 N. Fulton Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Anne Courtney (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-25-1874

7. AGE 62 Years 3 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Winfield Courtney

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME ? Welsh

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Lorraine Leonard J. Rich (Address) 5205 Bayford Rd

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3-1936 to 12-5-1936

I last saw him alive on 12-5-1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 2-2-36

Other contributory causes of importance:

Bronchitis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John L. Rainey Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

29820

29820

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Heights St., 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 712 N. Carrollton Ave. Ward. 16-1

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1933

7. AGE Years 3 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles M. Moseley

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Kilda M. Moseley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mother (Address) 712 N. Carrollton Ave.

18. BURIAL, CREMATION OR REMOVAL Place Mt. Auburn Cem Date 12/8/36

19. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Dec 4, 1936

I last saw her alive on Dec 4, 1936 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Breast Cancer Date of onset 4/29/36

Other contributory causes of importance:

Lead Encephalitis 4/9/36

Was an operation performed? No Date of

For what disease or injury? none

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. E. Bush M. D.

(Address) 1111 N. E. St.

F 29821

HEALTH DEPARTMENT—CITY OF BALTIMORE 29821

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward)Registered No. *x-93-c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Moses Robinson*

If U. S. Veteran

specify WAR

(a) Residence: No. *12nd St. Reisterstown Md*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 1868*7. AGE Years *68* Months *3* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labore*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Family*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *25*12. BIRTHPLACE (city or town) (State or country) *Balto. Co. Md*13. NAME *Moses Robinson*14. BIRTHPLACE (city or town) (State or country) *Carroll Co Md*15. MAIDEN NAME *Martha Lougans*16. BIRTHPLACE (city or town) (State or country) *Balto. Co. Md*17. INFORMANT *James Milligan*
(Address) *12nd Ave. Reisterstown*18. BURIAL, CREMATION, OR REMOVAL
Place *Piney Grove Md* Date *12/9/36*19. UNDERTAKER *Mrs. Frances A. Hensley*
(Address) *278 W. Biddle St.*20. FILED *1936* Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12. 6. 1936*22. I HEREBY CERTIFY, That I attended deceased from *12.5. 1936* to *12.6. 1936*I last saw him alive on *12.6. 1936* Death is said to have occurred on the date stated above, at *2:35 pm*.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema

Date of onset

12.5.36

Other contributory causes of importance:

*none*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James D. Carr

M. D.

(Address)

515 Mosher St.

29822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29822

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Mason St., 11-4 Ward)Length of residence in city or town where death occurred 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. 928 Mason St., 11-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 67 Years Months Days If LESS than 1 day, 004 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00412. BIRTHPLACE (city or town).
(State or country)

FATHER

13. NAME Unknown14. BIRTHPLACE (city or town).
(State or country)

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town).
(State or country)17. INFORMANT Thomas Ringgold(Address) 1463 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Lawrence Date Dec. 8, 193619. UNDERTAKER V. A. Brooks(Address) 1463 N. Carey St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 193622. I HEREBY CERTIFY, That I took notice of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Survived to death,

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 12/31, 1936Where did injury occur? in home 928 Mason St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place in homeManner of injury fall from ladderNature of injury death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Harn(Address) 12 N. Hanover

Coroner

M. D.

29823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29823

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hosp.*
 CITY OF BALTIMORE: (No. _____ St. _____ Ward) *1-1*

Registered No. _____

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *76* yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.
 If U. S. Veteran
 specify WAR _____

2. FULL NAME *John Hildebrandt*

(a) Residence: No. *824 S. Ellwood Ave.* St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed,
 or Divorced (write the word) *married*

5a. If married, widowed, or divorced
 HUSBAND of *Mary Hildebrandt*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 15 1860*

7. AGE *76* Years *8* Months *21* Days
 If LESS than
 1 day, _____ hrs.
 or _____ min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *retired*

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) *Balto Md*
 (State or country)

13. NAME *Fredrick Hildebrandt*

14. BIRTHPLACE (city or town) *Germany*
 (State or country)

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (city or town) *Germany*
 (State or country)

17. INFORMANT *Mrs. Olvera (daughter)*
 (Address) *824 S Ellwood Ave*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Trinity Cent* Date *Dec 9 1936*

19. UNDERTAKER
 (Address) *Lilly & Ziegler Inc*
4013 N. Orleans

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/6 1936*

22. I HEREBY CERTIFY, That I attended deceased from
11/26 1936 to *12/6 1936*

I last saw him alive on *12/6 1936* Death is said
 to have occurred on the date stated above, at *8:05 P.M.*

The principal cause of death and related causes of
 importance were as follows:

Cerebral Hemorrhage
Uremia

Date of onset
11/26/36
12/3/36

Other contributory causes of importance:

Generalized Arteriosclerosis
Arterio-sclerotic Cardiovascular Dis.

?

Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the fol-
 lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____

Louis J. Krall M. D.
 (Address) *South Baltimore General Hosp*

HEALTH DEPARTMENT—CITY OF BALTIMORE 29824

29824

CERTIFICATE OF DEATH

93-C-143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 855 S. Dallas St. 3-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 855 S. Dallas St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Layton

6. DATE OF BIRTH (month, day, year) July 22-1906

7. AGE Years 30 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town), (State or country) Baltimore Maryland

13. NAME William L. Ostendorf

14. BIRTHPLACE (city or town), (State or country) Baltimore Maryland

15. MAIDEN NAME Theresa Heibler

16. BIRTHPLACE (city or town), (State or country) Baltimore Maryland

17. INFORMANT John W. Layton (husband) (Address) 855 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Data Dec 9 1936

19. UNDERTAKER (Address) 4037 N. W. 1st St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936 to Dec. 7 1936

I last saw her alive on Dec. 7 1936 Death is said to have occurred on the date stated above, at 330 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Nov.

22

1936

Other contributory causes of importance:

Chronic Myo-Carditis
Senile atrophy
pregnancy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. J. Valentin M. D.

(Address) 600 Broadway

29825

HEALTH DEPARTMENT—CITY OF BALTIMORE

29825

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 E. Chase St. St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Gerard Minderlein

(a) Residence: No. 2607 E. Chase St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Margaret Minderlein (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25* 1903

7. AGE Years 33 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0061

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME CONRAD MINDERLEIN

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Veroncia Ulsch

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Margaret Minderlein (Wife) (Address) 2607 E. Chase St.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date DEC. 9, 1936

19. UNDERTAKER Lilly & Zieher INC. (Address) 403 S. Wolfe St.

20. FILED

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15/35, 19, to Dec. 6/36, 19.

I last saw him alive on Dec. 6/36, 19. Death is said to have occurred on the date stated above, at 1/50A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1935

Other contributory causes of importance:

Do not know for sure

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29826

CERTIFICATE OF DEATH

✓ 131 F 29826

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 676 W. Baltimore

St. 4-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lemuel O. Compton

If U.S. Veteran specify WAR

(a) Residence: No. 676 W. Baltimore St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora C. Compton | | |
| 6. DATE OF BIRTH (month, day, year) November 22, 1858 | | |
| 7. AGE Years 78 | Months - | Days 13 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self | | |
| 10. Date deceased last worked at this occupation (month and year) Dec. 3, 1933 | | |
| 11. Total time (years) spent in this occupation 25 yrs | | |

OCCUPATION

FATHER

MOTHER

| | |
|---|-----------------------|
| 12. BIRTHPLACE (city or town) (State or country) | Baltimore Maryland |
| 13. NAME | William Compton |
| 14. BIRTHPLACE (city or town) (State or country) | Baltimore Maryland |
| 15. MAIDEN NAME | Louise Ohara |
| 16. BIRTHPLACE (city or town) (State or country) | United States |

17. INFORMANT Mrs. Flora C. Compton
(Address) 676 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Dec. 9 1933

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 1 - 1936 to Dec 5 - 1936

I last saw him alive on Dec 5 - 1936 Death is said to have occurred on the date stated above, at 12.40 Noon

The principal cause of death and related causes of importance are as follows:

Senility, Endocarditis, Subject to Disease, Chronic, Arteriosclerosis

Other contributory causes of importance:

Pulmonary Aneurysm

Was an operation performed? - Date of -

For what disease or injury? -

What test confirmed diagnosis? Clinical X-rays

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herbert A. Welch M. D.

(Address) 2151 Wilkens Ave.

29827 HEALTH DEPARTMENT—CITY OF BALTIMORE 29827

CERTIFICATE OF DEATH

✓ X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Unknown, 12th St.* Ward)

Length of residence in city or town where death occurred.....yrs. *1* mos. *3* ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Robert Thomas Triplett

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. *Owings Mills, Md.* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *August 20, 1922*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *14 3 17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Boy*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Hebbville* (State or country) *Maryland*

13. NAME *Alva E. Triplett*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

15. MAIDEN NAME *Minnie C. Kaulfuss*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

17. INFORMANT *Mrs. Sylvia E. Longley* (Address) *Hebbville, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olive Cem.* Date *Dec. 9, 1936*

19. UNDERTAKER *C. B. Cook* (Address) *1023 N. Baltimore St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 7, 1936*

22. I HEREBY CERTIFY. That I attended deceased from

November 4, 1936 to December 7, 1936

I last saw him alive on *December 7, 1936* Death is said to have occurred on the date stated above, at *8:23 am.*

The principal cause of death and related causes of importance were as follows:

Appendicitis - gangrenous peritonitis

Date of onset

11/7/36

11/20/36

Other contributory causes of importance:

Sub-phrenic abscess intestinal obstruction

11/17/36

11/19/36

Was an operation performed? *yes* Date of *11/14; 11/15, 11/19*

For what disease or injury? *Appendicitis; Sub-phrenic abscess, intestinal obstruction*

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard B. Kays* M. D.

(Address) *Union Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

29828

CERTIFICATE OF DEATH

F 29828

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 70 S. Franklin Ave. 2nd Ward)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 78 yrs. 4 mos. 4 ds.

2. FULL NAME

Louisa Haas

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 70 S. Franklin Ave. 2nd Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Haas

6. DATE OF BIRTH (month, day, year) Mar. 3-1839

7. AGE 97 Years 9 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Scherzger 14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Belschlagel 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles C. Haas (Address) 70 S. Franklin Ave. Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holyoke Rd. Date Dec 9-36

19. UNDERTAKER J. B. Kippert & Son (Address) 1301 E. Canton Place

20. FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1936

22. I HEREBY CERTIFY That I attended deceased from November 18, 1936, to December 6, 1936

I last saw him alive on December 6, 1936, at 7:05 p.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Signatures of advanced age

Other contributory causes of importance:

Cardiac insufficiency

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

Signed H. A. Meyer M. D.

Office (Address) 1031 N. Caroline St.

DEC 8 - 1936

EX-5

F 29829 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29829

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

West Balts. General Hosp. 15-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ²⁵ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Simon Karpook

(a) Residence: No.

1722 Prentiss

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Karpook

6. DATE OF BIRTH (month, day, year)

? - 1889

7. AGE

47

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Business 60-65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russian

FATHER

13. NAME

John Karpook

14. BIRTHPLACE (city or town) (State or country)

Russian

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Russian

17. INFORMANT

(Address)

Mr. Stephen Bobenka 1153 Ridgely Street

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Trinity Russian A.A. Co. Dec. 9, 1936

19. UNDERTAKER

(Address)

John Grebliauskas 1722 Prentiss St.

20. FILED

1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 21, 1936 to Dec 7, 1936

I last saw him alive on Dec 7, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral infarction

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Harry S. Zimbel

M. D.

(Address)

1722 Prentiss St. Balts. General Hosp.

M. D. F 29830

F 29830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore, Edge View Hospital

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

S. Hector S. Nichols

U. S. Veteran
Specify WAR

(a) Residence: No. St. Ward.

16 S. Gaugh

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Phillip's Nichols

6. DATE OF BIRTH (month, day, year)

Feb 9, 1911

7. AGE

25 24

Years

Months

Days

28

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Tin Factory

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Cambridge

FATHER

13. NAME

Robert Nichols

14. BIRTHPLACE (city or town)
(State or country)

Cambridge

MOTHER

15. MAIDEN NAME

Sarah Kase

16. BIRTHPLACE (city or town)
(State or country)

Cambridge

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Dec 11, 1931

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an therein and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said find that said deceased came
(Inquest, Autopsy or Inquiry) to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Septic infection of wound
Septicemia

Other contributory causes of importance:

Pneumonia operation,
was not reported

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

29831
328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29831

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.)

St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard Hicks

If U.S. Veteran

specify WAR

(a) Residence: No. 1005 W. Lane

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Pamela
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/20/827. AGE 54 Years 53 Months 17 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 11/20/82 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) md13. NAME Moses14. BIRTHPLACE (city or town) (State or country) md15. MAIDEN NAME Georgiana Hayd16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary Cemetery Dec 28, 193619. UNDERTAKER Thoy D. W. W.(Address) Johns Hopkins Hospital

FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936 to Dec 7, 1936I last saw him alive on Dec 7, 1936 Death is said to have occurred on the date stated above, at 6:22 m.

The principal cause of death and related causes of importance were as follows:

Asthma, acute dilatation of stomach, post-operative. Date of onset 6 yrs.

Other contributory causes of importance:

Pulmonary edema acuteWas an operation performed? yes Date of Nov 13 & Nov 30For what disease or injury? AsthmaWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) M. B. Woodhale

M. D.

(Address) Johns Hopkins Hospital

F 29832

F 29832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Chestnut Ave Ward 3-7)Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Fannie L. Dandy(a) Residence: No. 3726 Chestnut Ave St., 3-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Samuel S. Dandy
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 13 18997. AGE 37 Years 9 Months 25 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) North Carolina
(State or country)13. NAME William W. Rist14. BIRTHPLACE (city or town) North Carolina
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Samuel S. Dandy
(Address) 3726 Chestnut Ave18. BURIAL, CREMATION, OR REMOVAL St. John's, Pa
Date Dec 10, 193619. UNDERTAKER Chenoweth & Co.
(Address) 3615-17 Chestnut Ave20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 193622. I HEREBY CERTIFY That I attended deceased from April 1935 to Dec. 8 1936I last saw her alive on Dec 7 1936 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset
about
1 1/2 yrs
ago.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signature) James D. Dandy M. D.(Address) 846 W 26th St

F 29833 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131 F 29833

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 770 W. Franklin St. 17-3 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Nickens.

If U. S. Veteran specify WAR

(a) Residence: No. 770 W. Franklin St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Joseph Nickens, (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10 1891

7. AGE Years 45 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work
10. Date deceased last worked at this occupation (month and year) Oct 1936 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Jerry Blackwell 14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Joseph Nickens (Address) 770 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date 12/8/36

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/36

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 to Dec 5 1936

I last saw her alive on Dec 5 1936 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Interstitial Nephritis, Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. T. Gunn M. D.

(Address) 522 Marlborough Ave

29834 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29834

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6430 Kenwood St Ward)

Registered No. 913-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Whannah Casey

If U.S. Veteran specify WAR

(a) Residence: No. 228 N. Wolfe

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Paul White 4. Color or Race Single 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1872

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

7

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER MOTHER

13. NAME

John Casey

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Julia Shoenous

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mildred Randall

18. BURIAL, CREMATION, OR REMOVAL

Place

New Catholic

Date

Dec 9 1936

19. UNDERTAKER

(Address)

Geo M. F. Smith

811 N. Wolfe St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 25 1936 to Dec 7 1936

I last saw him live on Dec 6 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Arterio Sclerosis 1936

Other contributory causes of importance:

Cerebral Hemorrhage 1 Day

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edmund J. Clark M. D.

(Address) 4137 Crossings

29835

✓ F 29835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Bank St. 2-7 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Henry Warczynski

If U. S. Veteran specify WAR

(a) Residence: No. 1811 Bank St. 2-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine6. DATE OF BIRTH (month, day, year) 18827. AGE Years 54 Months Days If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster shucker & retail merchant 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oyster saloon 10. Date deceased last worked at this occupation (month and year) April 9 11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) Poland (State or country)FATHER 13. NAME William14. BIRTHPLACE (city or town) Poland (State or country)MOTHER 15. MAIDEN NAME Josephine Lukowski16. BIRTHPLACE (city or town) Poland (State or country)17. INFORMANT Mrs. Josephine Warczynski (Address) 1811 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 9 193619. UNDERTAKER Lohn & Weber (Address) 401 S. Chester St.20. FILED 1836

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patently coronary occlusion

Other contributory causes of importance:

chronic myocarditisWas an operation performed? 0 Date of 0

For what disease or injury?

Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0 1900

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 0(Signed) C. V. M. M. M. M. D.(Address) 1010 S. E. Street Coroner 0

29836

HEALTH DEPARTMENT—CITY OF BALTIMORE 18834

CERTIFICATE OF DEATH

F 29836

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Anna Aniela Popowicz

If U.S. Veteran

specify WAR

(a) Residence: No. 227 S. Wolfe St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years 56 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60 3/4

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Victor Rogowski

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Mary?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 9 1936

19. UNDERTAKER John W. Weber (Address) 401 S. Charles St.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19 1936 to 12-5 1936

I last saw him alive on 12-5 1936 Death is said to have occurred on the date stated above, at 10:23 P.M.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of abdomen origin undetermined

Date of onset

6 mo.

Other contributory causes of importance:

Bronchopneumonia

5 days

Was an operation performed? yes - Date of 11-24-36

For what disease or injury? Carcinoma

What test confirmed diagnosis? Biopsy here an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Balt. City Hosp.

29837

HEALTH DEPARTMENT—CITY OF BALTIMORE

18556

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2-3) (If death occurred in a hospital or institution, give its NAME instead of No. and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Alexander Kwiatkowski

Registered No.
If U.S. Veteran
Specify WAR(a) Residence: No. 2044 Fountain St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha Kwiatkowski

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years 36 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME John Kwiatkowski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Mattis ?

16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 10, 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1936 to 12-6, 1936

I last saw him alive on 12-6, 1936 Death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset 1 yr

Other contributory causes of importance:

Was an operation performed? yes

Date of 11-18-36

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? Biopsy

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

W. H. Hoyer
Balt. City Hosp.

29838

✓ F 29838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 21-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Alexandra E. Shasky

U. S. Veteran

specify WAR

(a) Residence: No. 824 Washington

St. 3rd Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Alexander Shasky

6. DATE OF BIRTH (month, day, year)

Aug. 9, 1912

7. AGE

24

Years

Months

8

Days

27

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Frederick, Md.

FATHER

13. NAME

Robert C. Whittaker

14. BIRTHPLACE (city or town) (State or country)

Harrisonburg, Va.

MOTHER

15. MAIDEN NAME

Jessie Robinson

16. BIRTHPLACE (city or town) (State or country)

Harrisonburg, Va.

17. INFORMANT

(Address)

Alexander Shasky
824 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Dec. 10, 1936

19. UNDERTAKER

(Address)

Ambrose, Inc.
1017 N. Howard St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year)

Dec. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Infectious Sepsis
Septicemia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

29839 HEALTH DEPARTMENT—CITY OF BALTIMORE—29839

CERTIFICATE OF DEATH

Registered No. 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Reisterstown Rd. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Zimmermann

If U.S. Veteran specify WAR

(a) Residence: No. 2706 Reisterstown Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr William L. Zimmermann

6. DATE OF BIRTH (month, day, year) Feb. 28 1853

7. AGE Years 83 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Frank Zimmermann (Address) 580 W. University Park Way

18. BURIAL, CREMATION, OR REMOVAL Place St Pauls (Druid Pl) Dec. 10, 1936

19. UNDERTAKER (Address) Wm. J. Tucker & Sons North Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1936 to Dec. 8, 1936 I last saw her alive on Nov. 14, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Epithelioma (Cancer) of forehead Eye + head

Date of onset Several years ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no (Signed) Elbert G. Reiser M. D. 2245 Reisterstown Rd

29840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltim. Cit. Hqs.* St., *3-1* Ward)Registered No. *175*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR.....

2. FULL NAME *Haywood Hayes*(a) Residence: No. *1522 E. Pratt* St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *X*

6. DATE OF BIRTH (month, day, year)

7. AGE *abt 38* Years Months Days If LESS than 1 day,.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *abt* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Norfolk, Virginia* (State or country)13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) ..

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT *ELIZABETH YOUNG* (Address) *1522 E. Pratt St.*18. BURIAL, CREMATION, OR REMOVAL Place *W. H. A. B. 4th* Date *12/8-36*19. UNDERTAKER *P. C. RICHARDS* (Address) *1120 Druid Hill Ave*

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 3* 19*36*22. I HEREBY CERTIFY. That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by *autopsy* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intercranial hemorrhage

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: *homicide* Date of injury *Nov 26, 1936*

Accident, suicide, or homicide

Where did injury occur? *Section Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Room of Prilly & Sons*Manner of injury *Fight - hit his head on the floor*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. A. B. 4th* Coroner(Address) *1120 S. E. Pratt St.* M. D.

1536

F 29841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29841

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *2-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1603 Alianna* St. *Parsulowicz* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1881*7. AGE Years *55* Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland* (State or country)13. NAME *unknown* 14. BIRTHPLACE (city or town) *unknown* (State or country)15. MAIDEN NAME *unknown* 16. BIRTHPLACE (city or town) *unknown* (State or country)17. INFORMANT (Address) *Mary Haf Ponds*18. BURIAL, CREMATION, OR REMOVAL *St Pauls Cem* Date *Dec 8, 1936*19. UNDERTAKER (Address) *F. W. Ozagowski* *1930 Eastern Ave*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/5, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Alcoholism [methyl]
Hrs. Skull
multiple Cerebral Hemorrh

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Erwin B. Halligan* M. D. (Address) *1031 St Paul St.*

29842

✓ F 29842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3329 Belvedere Ave St. 27-18 Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alibert Brown Peele

If U. S. Veteran

specify WAR

(a) Residence: No. 3329 Belvedere Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John L. Peele

6. DATE OF BIRTH (month, day, year) Oct 29 1884

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 52 | 1 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pitt Co.
(State or country) N. Carolina

13. NAME Alexander Brown

14. BIRTHPLACE (city or town) N. Carolina
(State or country)

15. MAIDEN NAME Fannie Moore

16. BIRTHPLACE (city or town) N. Carolina
(State or country)

17. INFORMANT John L. Peele
(Address) 3329 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 9 1936

19. UNDERTAKER (Address) 4204 Ridgewood Ave

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6, 1936

22. I HEREBY CERTIFY That I attended deceased from May 1934 to 1936

I last saw her alive on 12/6, 1936 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma

Date of onset

Other contributory causes of importance:

Acute Cardiac Asthma

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Amniot Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

29843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Ayrdale Ave St. 15-10 Ward)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Stewart

(a) Residence: No. 4004 Ayrdale Ave

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Effie O. Stewart

6. DATE OF BIRTH (month, day, year) Feb 5 1863

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 73 | 10 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 12 1923

11. Total time (years) spent in this occupation 20 6 3

12. BIRTHPLACE (city or town) Baltimore Md

13. NAME Frank Stewart

14. BIRTHPLACE (city or town) Baltimore Md

15. MAIDEN NAME Katherine Stitcher

16. BIRTHPLACE (city or town) Baltimore Md

17. INFORMANT Charles W. Stewart
(Address) 4004 Ayrdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Dec 9 1936

19. UNDERTAKER Harry H. Stewart
(Address) 4204 Ridgewood Ave

20. 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1924 to Dec 7, 1936

I last saw him alive on Dec 4, 1936. Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Hypertension

Date of onset

Other contributory causes of importance:

High blood pressure
Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood test Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry H. Stewart

(Address) 4204 Ridgewood Ave

29844

18801

F 29844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Peter BalkoIf U.S. Veteran
specify WAR _____(a) Residence: No. 506 S. Register St. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 6-13-1889

| | | | | |
|---------------------|-------------------|---------------------|-------------------|--|
| 7. AGE <u>47</u> | Years <u>5</u> | Months <u>24</u> | Days <u>24</u> | If LESS than 1 day, hrs. or min. |
|---------------------|-------------------|---------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc., Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc., 6040

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME John14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Irene16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Dec 9, 193619. UNDERTAKER Kred W Ozarski
(Address) 1930 Eastern Ave.

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 193622. I HEREBY CERTIFY That I attended deceased from 11-18, 1936 to 12-7, 1936I last saw him alive on 12-7, 1936 Death is said to have occurred on the date stated above, at 245 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of unknown site with metastasesDate of onset
Symptoms
4 mos

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Ramsey, M.D.(Address) Baltimore City Hospital

3-1936

29845

✓ F 29845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hosp. St. 1-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frances Dziwanowska

(a) Residence: No. 703 S. Milton St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 149-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antini Dziwanowski

6. DATE OF BIRTH (month, day, year) 1899

7. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Texas None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME Laurance Borowiak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Bentkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Borowiak (Address) 703 S. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 10, 1936

19. UNDERTAKER Fred W. Ozagowski (Address) 1930 Eastern Ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured uterus

Other contributory causes of importance:

Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 16

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Khushner Coroner M. D.

(Address) 1919 E. North Ave.

29846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd Hosp 15-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 yrs* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Reta Conway*(a) Residence: No. *1510 N. Gilmer* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *4/4/1885*7. AGE *51* Years Months Days If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *domestic*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)13. NAME *W. H. Conway*14. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)15. MAIDEN NAME *Reta Ingram*16. BIRTHPLACE (city or town) *2*
(State or country)17. INFORMANT *Bessie Conway*
(Address) *221 So. Spring St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Good Shepherd Hosp* Date *DEC 8 - 1936*19. UNDERTAKER
(Address) *Per H. A. Moore*20. FILED *1936* 19. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 7*, 193622. I HEREBY CERTIFY, That I attended deceased from
December 4, 1936, to *Dec. 7*, 1936I last saw her alive on *Dec. 7*, 1936 Death is said
to have occurred on the date stated above, at *1:35 A.M.*The principal cause of death and related causes of
importance were as follows:*Broncho-pneumonia*

Date of onset

Other contributory causes of importance:

*Arterio-sclerosis*Was an operation performed? *no* Date of *Dec.*

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. Walter Cherry* M. D.(Address) *1606 Pennsylvania Ave*

2813

29847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29847

CERTIFICATE OF DEATH

1. PLACE OF DEATH

City Hospital

St. 16-11 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth 4 yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Margaret Balicka

St.

Ward.

(If non-resident give city or town and State)

(a) Residence: No. 1107 S. East Ave

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 10, 1859

7. AGE

77

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland.

FATHER

13. NAME

unknown

14. BIRTHPLACE (city or town) (State or country)

Poland.

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Poland.

17. INFORMANT

Mrs. Cecelia Malezewski
1107 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Catholic Burial Data Dec 9, 1936

19. UNDERTAKER

Stephen J. Fialkowski 18 C
1000 S. Kingwood Ave

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured neck

Date of onset

Other contributory causes of importance:

Multiple fractures

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury Dec 6, 1936

Where did injury occur? (Specify city or town, county, and State)

Baltimore + Linwood Ave

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

29848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.

St., 12th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MR WILLIAM HENRY HOWARD

(a) Residence: No. 2920 ST. PAUL

St., City Ward.

No Record

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, name of HUSBAND of Anna J. Howard

6. DATE OF BIRTH (month, day, year) Aug 23rd 1879

7. AGE 57 Years 3 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Station
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Joseph Howard

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ellen Dettlerline

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Anna J. Howard (Address) 2920 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Dec 10th 1936

19. UNDERTAKER Wm Cook (Address) 1817 St Paul St

20. FILED 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 7 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 / 1 , 1936, to 12 / 7 , 1936

I last saw him alive on 12 / 7 , 1936 Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, with complicating Tuberculosis of Urinary tract, with Terminal Tuberculosis. Other Myocarditis and Tuberculous Pneumonia

Date of onset

Nov. 18th

1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? m. bacilli in urine + spinal puncture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Robert J. [Signature]

(Address) Union Memorial Hospital

M. D.

29849 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 9-9* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *14* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Gertrude Eichelberger

(a) Residence: No. *Fallston rd.* St. _____ Ward. *No Record*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, name of (or) WIFE of *Robert Eichelberger*

6. DATE OF BIRTH (month, day, year) *July 7th 1885*

7. AGE Years *51* Months *5* Days *1* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country) *Balto Md*

13. NAME *Henry B. McCoy*

14. BIRTHPLACE (city or town) (State or country) *Balto Md*

15. MAIDEN NAME *Cassandra Morgan*

16. BIRTHPLACE (city or town) (State or country) *Hanford B Md*

17. INFORMANT *Robert Eichelberger* (Address) *Fallston P.O. Md*

18. BURIAL, CREMATION, OR REMOVAL Place *Londan Park* Date *Dec 11th 1936*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 8* 1936

22. I HEREBY CERTIFY, That I attended deceased from *Nov 17* 1936 to *Dec 8* 1936

I last saw him alive on *Dec 8* 1936 Death is said to have occurred on the date stated above, at *11⁰⁰ A* m.

The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis & Cholelithiasis

Date of onset

Other contributory causes of importance:

Post operative liver shock 1 day

Was an operation performed? *yes* Date of *Dec 7, 1936*

For what disease or injury? *Chronic Cholecystitis & Cholelithiasis*

What test confirmed diagnosis? *operation* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) *S. Austram* M. D.

(Address) *St. Joseph's Hospital*

29850

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29850

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Carroll St., 9-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? yrs. 5 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 1413 Carroll St., 9-5 Ward. Rock Hall Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Merritt6. DATE OF BIRTH (month, day, year) May 22 - 18757. AGE Years 61 Months 6 Days 15 If LESS than 1 day, hrs. or min. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) at home 11. Total time (years) spent in this occupation at home12. BIRTHPLACE (city or town) Rock Hall (State or country) Kent Co. Md.FATHER 13. NAME George F. Thompson14. BIRTHPLACE (city or town) Rock Hall (State or country) Kent Co. Md.MOTHER 15. MAIDEN NAME Clairinda Fisher16. BIRTHPLACE (city or town) Md. (State or country) 17. INFORMANT George H. Merritt (Address) 1413 Carroll St. Baltimore Md.18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cemetery Date Dec 9 193619. UNDERTAKER Wm. H. L. Lue (Address) 424 N. Broadway20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 193622. I HEREBY CERTIFY, That I attended deceased from Sept 12 1936 to Dec 6 1936I last saw her alive on Dec 6 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis Dec 1/36

Other contributory causes of importance:

(Hypertension) ?Name of operation no Date of noWhat test confirmed diagnosis phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no(Signed) E. N. Meyer M. D.(Address) 1520 E. S. Br. St.

F 29851

F 29851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL
 CITY OF BALTIMORE: (No. BALW, MD St. 12-2-2 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos. 10 ds. How long in U. S. If of foreign birth? yrs..... mos..... ds.

2. FULL NAME W. M. FRANK

(a) Residence: No. 408 DELAWARE St., Ward. TOWSON MD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

5a. If married, widowed, or divorced, name of HUSBAND of MRS. FRANK 1855

6. DATE OF BIRTH (month, day, year) FEB. 14-1854

7. AGE Years 9 Months 6 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
 10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

13. NAME Mr. Henry Frank
 14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Miss Hannah High
 16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elder J. Frank
 (Address) 24 Willow Ave. Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place Carrollton Cem. Date Dec 11, 1936

19. UNDERTAKER John Barnes Sons
 (Address) Towson, Md.

20. FILL IN REGISTER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from NOV. 29, 1936, to Dec. 9, 1936

I last saw him alive on DEC. 9, 1936 Death is said to have occurred on the date stated above, at 1:30 AM

The principal cause of death and related causes of importance were as follows:

POST-OPERATIVE PNEUMONIA

Date of onset

12/9/36

Other contributory causes of importance:

ARTERIO SCLEROSIS

Was an operation performed? YES Date of 12/7/36

For what disease or injury? Cholelithiasis cholelithiasis

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

E 29852

F 29852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4327 Harford Rd. St. 27-2 Ward 2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Florence Jane German

If U. S. Veteran specify WAR _____

(a) Residence: No. 4327 Harford Rd. St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) July 26, 19077. AGE Years 29 Months 4 Days 11 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Sumville (State or country) N. Y.13. NAME Unknown14. BIRTHPLACE (city or town) Sumville (State or country) N. Y.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Sumville (State or country) N. Y.17. INFORMANT Beatrice C. Moreland (Address) 4327 Harford Road18. BURIAL, CREMATION, OR REMOVAL Place London Rd. Cemetery Date 12/10 19 3619. UNDERTAKER Howard H. Blight Jr. (Address) 4944 Belair Road20. FILED 1938 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 7, 193622. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Sodium Fluoride Poisoning

Other contributory causes of importance:

Acute alcoholismWas an operation performed? No

Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide Accidental Date of Injury 12/7, 1936Where did injury occur? 4327 Harford Road - Baltimore (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of Injury Came home intoxicatedNature of Injury Took sodium Fluoride by mistake

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul M. Schuler

Coroner M. D.

(Address) 1919 E. North Ave.

29853

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29853

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 E. Preston St. Ward 8-7)Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 da.

2. FULL NAME

Frank W. Harris

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____(a) Residence: No. 1739 E. Preston

St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary Harris
(or) Widow6. DATE OF BIRTH (month, day, year) June 9 18637. AGE Years 73 Months 5 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Relief Mechanist
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 3312. BIRTHPLACE (city or town) Balto. Md
(State or country)13. NAME George Stakis14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Barbara Bitter16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Mary Harris
(Address) 1789 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Bury Date Dec. 11 193619. UNDERTAKER Henry Hald (died, Dec)
(Address) 1301 E. Eager St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1936 to Dec. 8 1936I last saw him alive on Dec. 7, 1936. Death is said to have occurred on the date stated above, at 1430 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic myocarditis.

Date of onset

Other contributory causes of importance:

acute cardiac dilatationWas an operation performed? none Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

Dr. L. Littman M. D.
(Address) 1304 E. Chase

29854

F 29854

HEALTH DEPARTMENT—CITY OF BALTIMORE

322212

CERTIFICATE OF DEATH

X 140-129

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Eva Brown

If U.S. Veteran

specify WAR

(a) Residence: No. Sylkesville md St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5/14/157. AGE Years 21 Months 6 Days 28 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Graduate Nurse. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) md
(State or country)FATHER 13. NAME Harry J. Brown14. BIRTHPLACE (city or town) md
(State or country)MOTHER 15. MAIDEN NAME Laura J. Richmond16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bethland Bur Date Dec 11 193619. UNDERTAKER H. M. Cook
(Address) 1217 St. Paul St.20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1936, to Dec. 8 1936.I last saw her alive on Dec. 8 1936. Death is said to have occurred on the date stated above, at 920 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis
Self-induced AbortionDate of onset
Dec. 4, 1936
Dec. 2, 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

P. H. H.
Johns Hopkins Hospital
Baltimore

29855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29855

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Mathews St. St. 9-4 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marb Melissie Forward

If U. S. Veteran specify WAR

(a) Residence: No. 2819 Mathews St. St. 9-4 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND or WIFE of <u>Samuel E. Forward</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Feb. 13-1880</u> | | |
| 7. AGE | Years <u>86</u> | Months <u>9</u> |
| | Days <u>14</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Thomas E. Green14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Alice E. Newine16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Samuel E. Forward
(Address) 2819 Mathews St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 9, 193619. UNDERTAKER W. M. Cook
(Address) 1212 1st St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Myocarditis

Data of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul K. Kuebler

Coroner

M. D.

(Address) 1919 E. North Ave.

F 29855

HEALTH DEPARTMENT—CITY OF BALTIMORE 29856

CERTIFICATE OF DEATH

✓ 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Belham Ave - 1) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U.S. Veteran
specify WAR

(a) Residence: No. 2722 Belham Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*

6a. If married, widowed, or divorced
HUSBAND *Jos. W. Stone*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 26, 1875*

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|-------|--------|------|--|
| 61 | 5 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Conrad Eller*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Margaret Wilson*16. BIRTHPLACE (city or town) (State or country) *Martinburg W. Va.*17. INFORMANT *Mr. Jos. W. Stone*
(Address) *2722 Belham Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood Cem.* Date *Dec 10 1936*19. UNDERTAKER *Wm. F. Fisher Sons*
(Address) *1000 1/2 E. Ave.*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec - 7, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 13, 1936* to *Dec 7, 1936*I last saw her alive on *Nov. 6, 1936* Death is said to have occurred on the date stated above, at *7 a.* m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Date of onset

Other contributory causes of importance:

Intestinal Toxemia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. F. Fisher

M. D.

1823 N. Wash. St.

F 29857

F 29857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3528 Hayward Ave Ward 18)Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles Bosley

(a) Residence: No.

3528 Hayward Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Almira M. Bosley6. DATE OF BIRTH (month, day, year) April 19, 18787. AGE Years 78 Months 7 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maforman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1927 Baltimore12. BIRTHPLACE (city or town) (State or country) Mid.13. NAME Chas. Bosley14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Elizabeth Reeland16. BIRTHPLACE (city or town) (State or country) Mid.17. INFORMANT Mrs. May Moberg
(Address) 3528 Hayward Ave18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec. 9, 195619. UNDERTAKER (Address) Wm. H. Decker
North Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 195622. I HEREBY CERTIFY, That I attended deceased from December 4, 1956 to December 7, 1956
I last saw him alive on December 5, 1956 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio SclerosisCoronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Robert L. Thompson M. D.(Address) 1216 E. Preston St.

29858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29858

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2813 Maryland General Hospital* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Ida E. Hanner*(a) Residence: No. *2813 Maryland General* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *Married*
HUSBAND of *William W. Hanner*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 26 - 1883*7. AGE Years *53* Months *5* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*13. NAME *Ernest Stephen*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Barbara Otto*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Wm W. Hanner* (Address) *2813 Maryland Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore Cemetery* Date *Dec 10 1936*19. UNDERTAKER *Henry J. Lutz* (Address) *12013 N. Broadway*20. FILED *1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-7-1936*22. I HEREBY CERTIFY, That I attended deceased from *12-1-36*, 19 to *12-7-*, 1936I last saw her alive on *12-7-*, 1936 Death is said to have occurred on the date stated above, at *5:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Other contributory causes of importance:

*myocardial failure.*Was an operation performed? *yes* Date of *12-3-36*For what disease or injury? *Carcinoma of rectum*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *Carcinoma of rectum*(Signed) *Dr. J. F. Williams Jr. M. D.*(Address) *Maryland General Hospital*

29859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29859

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E Preston St., 8-4 Ward)Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 23 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2215 E Preston St., 8-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND of Caroline A Roth
(or) WIFE of6. DATE OF BIRTH (month, day, year) January 24 18637. AGE Years 23 Months 10 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...
10. Date deceased last worked at this occupation (month and year) 1886 11. Total time (years) spent in this occupation 23 yrs12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME John B Roth14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Louis H Roth
(Address) 4306 Glenmont Ave18. BURIAL, CREMATION, OR REMOVAL
Place Ardenwood Park Dec 11 193619. UNDERTAKER John Ullrich
(Address) 200 E Orleans

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 193622. I HEREBY CERTIFY. That I attended deceased from Nov 1, 1936, to Dec 8, 1936I last saw him alive on Dec 8. Death is said to have occurred on the date stated above, at 7:45 am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Nov 8

Other contributory causes of importance:

Arteriosclerosis

1 year

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) F. E. Hughes(Address) 1301 N Pat Park

M. D.

29860

HEALTH DEPARTMENT—CITY OF BALTIMORE 29860

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*
 CITY OF BALTIMORE: (No. *Calvert + 33rd* St., *229th* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mr. Murray Brown*

2200 First Avenue

(a) Residence: No. *Birmingham, Alabama* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
 HUSBAND of *Evelyn Wilkerson Brown*
 (or) WIFE of *August 21, 1931*

6. DATE OF BIRTH (month, day, year)

7. AGE *65* years *3* months *18* days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Dry goods store*
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Kentucky*
 (State or country)

13. NAME *Z. H. Brown*
 14. BIRTHPLACE (city or town) *Kentucky*
 (State or country)

15. MAIDEN NAME *Frances Winn*
 16. BIRTHPLACE (city or town) *Kentucky*
 (State or country)

17. INFORMANT *Union Memorial Hospital Records*
 (Address) *Calvert + 33rd St.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Nashville Tenn* Date *Dec. 9, 1936*

19. UNDERTAKER *John O. Mitchell Sons*
 (Address) *1900 Eastward Place*

20. FILED _____
 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 8, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *November 12, 1936* to *December 8, 1936*

I last saw him alive on *December 8, 1936* Death is said to have occurred on the date stated above, at *1:35 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis with stones

Other contributory causes of importance:

Post operative pulmonary embolism

Was an operation performed? *yes* Date of *Dec. 7, 1936*

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Sydney R. Muller* M. D.

(Address) *1115 St Paul St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29861

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward) 126

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 4 da. How long in U. S. If of foreign birth? 0 yrs. 1 mos. 28 da.

2. FULL NAME

Agnes Boone Klotz

If U.S. Veteran

Specify WAR

None

(a) Residence: No.

Rochefort En Jure

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 6. DATE OF BIRTH (month, day, year) 12/21/73 | | |
| 7. AGE Years 62 | Months 11 | Days 17 |
| 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) Baltimore Md |
| 13. NAME Wm M. Boone |
| 14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa |
| 15. MAIDEN NAME Sarah Kennedy |
| 16. BIRTHPLACE (city or town) (State or country) Baltimore Md |

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

New Cathedral Cm Date Dec/10/36

19. UNDERTAKER

(Address)

Stewart & Mowen Company
108-10 North Avenue

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 4, 1936 to Dec 8, 1936

I last saw her alive on Dec 8, 1936 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure and shock following operation

Date of onset

1933

Other contributory causes of importance:

Coronary Disease

Was an operation performed?

Yes

Date of

Dec 8 - 36

For what disease or injury?

Cholelithiasis and cholelithiasis

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James Monroe Mason M.D.

M. D.

(Address)

Baltimore, Md.

29862 HEALTH DEPARTMENT—CITY OF BALTIMORE 29862

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Woodbine St. 28-1 Ward)

Length of residence in city or town where death occurred 62 yrs. - 0 mos. - 0 ds. How long in U. S. If of foreign birth 62 yrs. - 0 mos. - 0 ds.

2. FULL NAME Edward William Couchman

(a) Residence: No. 3610 Woodbine St., 28-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND Frances Baker Couchman (or) WIFE

6. DATE OF BIRTH (month, day, year) April 4 1862

7. AGE Years 74 Months 8 Days 3 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint & Hardware Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) England (State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Frances Baker Couchman (Address) 3610 Woodbine St

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Dec 10 1936

19. UNDERTAKER Wm. S. Black (Address) 742 W. North Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1936, to Nov 7 1936

I last saw him alive on Nov 5 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Sudden

Other contributory causes of importance:

Arterio Sclerosis

about 7 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. S. Black M. D.

(Address) 2200 Garrison Bld.

29863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 29863

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Belnord Ave. - 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

112 N. Belnord Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 6 1934

7. AGE

Years 2 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto

FATHER

13. NAME

William R. Novak

14. BIRTHPLACE (city or town) (State or country)

Balto

MOTHER

15. MAIDEN NAME

Doris Eslinger

16. BIRTHPLACE (city or town) (State or country)

Balto

17. INFORMANT

(Address)

(Mother) 112 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Moreland Park Dept Dec 11, 1936

19. UNDERTAKER

(Address)

Martin M. E. Kippel 37 S. Ann St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 8, 1936

22. I HEREBY CERTIFY. That attended deceased from Dec. 6, 1936, to Dec. 8, 1936

I last saw him alive on Dec. 8, 1936 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

3 days

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. L. Volpert, M.D.

(Address)

16 South Broadway

8864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29864

CERTIFICATE OF DEATH

47C

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 2-2 St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME William Pierce

(a) Residence: No. 128 S. Regester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Anna Ritter
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1893

7. AGE 43 Years 4 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 9-12-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Richard Pierce
14. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

15. MAIDEN NAME Lydia Horner
16. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 10, 1936

19. UNDERTAKER Martin H. E. Dippel
(Address) 37 S. Ann St.

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936, to December 5, 1936

I last saw him alive on December 5, 1936. Death is said to have occurred on the date stated above, at 11:01 PM

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, bilateral
Abscesses, multiple, lungs, bilat.
Transitional cell epithelioma of
Other contributory causes of importance:
bronchus, metastatic in tracheobronchial lymph nodes

Date of onset

9-14-36

4 mos

Was an operation performed? no Date of

For what disease or injury?
Name of operation Autopsy Date of
What test confirmed diagnosis? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If no, specify

(Signed) T. M. H. a. d. M. D.
(Address) U.S. Marine Hospital

F 29865

F 29865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *13-3* Ward)Registered No. *9*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *10* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

Shirley May Stafford

If U. S. Veteran

specify WAR

(a) Residence: No. *2650* *Flora* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Jan 13, 1936*7. AGE Years *—* Months *10* Days *24* If LESS than 1 day, hrs. *0* or min. *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Laurance Mc Clain*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)15. MAIDEN NAME *Elizabeth Stafford*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)17. INFORMANT *Mother*
(Address) *Same*18. BURIAL, CREMATION, OR REMOVAL *Mc. Auburn*
Place Date *12/8/36* 1919. UNDERTAKER *Thomas E. Kelson*
(Address) *1303 Presstman St.*20. FILED *1936* 19 Registrar *Ma*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 27*, 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Nov 25*, 19*36*, to *Dec 27*, 19*36*I last saw him alive on *Dec 27*, 19*36*. Death is said to have occurred on the date stated above, at *5:45* p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Interstitial bronchopneumonia

Date of onset

*11-17-36**11-24-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*36*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signature) *Francis J. Schwanter* M. D.(Address) *Sydenham Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

18508

29866

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No. 81
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 11 ds.

2. FULL NAME

(a) Residence: No. 669 W. Mulberry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Glover

6. DATE OF BIRTH (month, day, year) Oct 17 - 1908

7. AGE 28 Years 1 Months 13 Days If LESS than 1 day, 13 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C. (State or country)

13. NAME Wm. Glover

14. BIRTHPLACE (city or town) N.C. (State or country)

15. MAIDEN NAME Katie Carroll

16. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Auburn Date Dec 2 1936

19. UNDERTAKER (Address) Adolphus Hahnel

20. FILED

Re.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1936

22. I HEREBY CERTIFY. That I attended deceased from 11-6, 1936 to 12-8, 1936

I last saw him alive on 12-8, 1936 Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

Transverse myelitis
cause undetermined

Date of onset 3 1/2 mo.

Other contributory causes of importance:

Decubitus ulcers
1 1/2 mo.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? physical Here an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) W. G. Glover M. D.

(Address) Balt. City Hosp.

29867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29867

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes' Hospital*
 CITY OF BALTIMORE: (No. *Milken + Carbon* St. *25-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Brother Alphonse Behan*

If U.S. Veteran
specify WAR _____

(a) Residence: No. *Mr. St. Joseph's College* St. _____ Ward. _____
 (Usual place of abode) *Balt., Md.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *1867*

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. *69*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Religious*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New York*

FATHER 13. NAME *John Behan*

14. BIRTHPLACE (city or town) (State or country) *Ireland*

MOTHER 15. MAIDEN NAME *Mary Callaghan*

16. BIRTHPLACE (city or town) (State or country) *Ireland*

17. INFORMANT *Brother Edmund*
(Address) *Mr. St. Joseph's College*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cem.* Date *12/10/36*

19. UNDERTAKER *Chas. H. Francis & Son*

(Address) *118 W. Maryland Ave.*

20. FILED

Registrar. *H*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-8*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 5th*, 19*36*, to *Dec. 8th*, 19*36*

I last saw him alive on *Dec. 8th*, 19*36*. Death is said to have occurred on the date stated above, at *7:48 a.m.*

The principal cause of death and related causes of importance were as follows:

Terminal Disseminated Pneumonia
Mitral Insufficiency
Hypertensive Cardio-renal Disease
and Cardiac Failure

Date of onset

12/2/36

Oct 25, 36

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

What test confirmed diagnosis? *Chest* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *Lawrence J. Shumanek*

M. D.

(Address) *St. Agnes Hospital*

1936

29868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-19* Ward)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Lifetime* How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Jennie E. Birthistle*If U.S. Veteran
specify WAR(a) Residence: No. *5600 Woodcrest Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed
or Divorced*Female**White**Married*

5a. If married, name of husband

Patrick H. Birthistle

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 27-1864

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*67**5**11*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

FATHER

13. NAME

*George E. Clayton*14. BIRTHPLACE (city or town)
(State or country)*Phila. Pa.*

MOTHER

15. MAIDEN NAME

*Elizabeth Driscoll*16. BIRTHPLACE (city or town)
(State or country)*Phila. Pa.*

17. INFORMANT

(Address)

Patrick H. Birthistle
5600 Woodcrest Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Cem Date *12/11/36*

19. UNDERTAKER

(Address)

Wm. H. Gillis
1120 N. Bayview Ave.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 8th*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from
Dec. 5, 19*36*, to *Dec. 8,* 19*36*I last saw her alive on *Dec. 8,* 19*36*. Death is said
to have occurred on the date stated above, at *12:10 A.M.*The principal cause of death and related causes of
importance were as follows:*Pneumonia - lobar, left lower lobe*
Diabetes mellitus

Date of onset

4 days

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injury 19Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. H. Gillis M. D.

(Address)

Mercy Hospital

29869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Thomas Hayden

6. DATE OF BIRTH (month, day, year)

June 8, 1885

7. AGE

Years

Months

Days

If LESS than
1 day..... hrs.
or..... min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Ireland

FATHER
MOTHER

13. NAME

Thomas Friel

14. BIRTHPLACE (city or town)
(State or country)

Ireland

15. MAIDEN NAME

Mary Keenan

16. BIRTHPLACE (city or town)
(State or country)

Ireland

17. INFORMANT
(Address)Miss Maude Hayden
1217 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral

Date Dec. 12, 1936

19. UNDERTAKER
(Address)Jill Wiedefeld
513 Greenmount Ave

20. FILED

36

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

12/17, 1936

22. I HEREBY CERTIFY That I attended deceased from 11/19 1936 to 12/17 1936

I last saw him alive on 12/15 1936 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Atherosclerosis

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Bernard Weiss, M. D.
1216 N. Calvert St.

F 29870

✓ F 29870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Joseph Jones

If U. S. Veteran specify WAR

(a) Residence: No. *1630 - N. Bruce* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 21, 1935*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *1 164 17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *John A. Jones* 14. BIRTHPLACE (city or town) (State or country) *Howard County Md.*15. MAIDEN NAME *Rhoda Ryan* 16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *Rhoda Jones* (Address) *1630 N. Bruce St.*18. BURIAL, CREMATION, OR REMOVAL Place *Western Star* Date *Dec 10, 1936*19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 N. Snowden St.*

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 8, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 1, 1936* to *Dec. 8, 1936*I last saw him alive on *Dec. 8, 1936* Death is said to have occurred on the date stated above, at *12:30 P.* m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

11/27/36

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Sidney Selman

M. D.

(Address)

Sydenham Hospital

✓ F 29871

F 29871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Mt. Royal Terrace, 13-1 Ward)

Length of residence in city or town where death occurred 88 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nathaniel Moore

(a) Residence: No. 2304 Mt. Royal Terrace, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Alice Hopkins (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1848

7. AGE Years 88 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles Moore

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Miss Alice H. Moore (Address) 2304 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 12/10, 1936

19. UNDERTAKER Henry U. Meary & Son 5 N. Calvert St. 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-36

22. I HEREBY CERTIFY, That I attended deceased from Oct-1-36 to 12-8-1936
I last saw him alive on 12-8-36 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Senility
Simple Anemia 1935-

Other contributory causes of importance:

Cardiac Insufficiency
+ Edema of Lungs - 2 days

Was an operation performed? No Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) Martin L. Shook M. D.
(Address) 806 1/2 Fulton Ave.

✓ F 29872

29872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Johns Hopkins Hospital*CITY OF BALTIMORE: (No. *4-7* St., *4-7* Ward)Registered No. *X210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. *1* mos. *1* ds.2. FULL NAME *William B. Woodward*

If U. S. Veteran specify WAR

(a) Residence: No. *1878* St., *4-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. Color or Race *Caucasian*5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Marie Woodward*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1878*

7. AGE

Years *38*

Months

Days

If LESS than
1 day, hrs. *00*
or min. *15*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)

FATHER

13. NAME *William B. Woodward*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)

MOTHER

15. MAIDEN NAME *Marie Woodward*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Wm. Cook*(Address) *1217 St. Paul St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Airy Md.*Date *12/12*

1936

19. UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St.*

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/12/1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of *12/12/36*

For what disease or injury?

Name of operation *None*Date of *12/12/36*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *12/12/36*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fall from stairs*Nature of injury *Fracture of hip*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. Cook*

Coroner

M. D.

(Address) *1217 St. Paul St.*

29873

F 29873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 E. 20th St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 735 East 20th St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard G. Klitch

6. DATE OF BIRTH (month, day, year) Feb 26th 1866

7. AGE Years 70 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Bradley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Pahaney

15. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Lathrum (Address) 735 E. 20th St.

15. BURIAL, CREMATION, OR REMOVAL Place Catholic Date Dec 10, 1936

19. UNDERTAKER Mary M. Medford (Address) 301 E. 12th St.

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933 to December 7, 1936

I last saw him alive on December 6, 1936. Death is said to have occurred on the date stated above, at 3:45 Am.

The principal cause of death and related causes of importance were as follows:

Chronic hepatitis about 1933
Arterio Sclerosis

Other contributory causes of importance:

Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Reginald J. Tomy M. D.
(Address) 414 E. North Ave

9-1936

29874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29874

93-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 9-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Geneva Krug(a) Residence: No. *2723**Mathews*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John Krug*6. DATE OF BIRTH (month, day, year) *May 19, 1893*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*43**7**18*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *and*

FATHER

13. NAME *Thomas Demaree*14. BIRTHPLACE (city or town) *D. Ireland* (State or country)

MOTHER

15. MAIDEN NAME *Margaret Cohen*16. BIRTHPLACE (city or town) *Balto.* (State or country) *and*17. INFORMANT *John A. Krug* (Address) *2723 Mathews St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Joseph's*Date *12/4*

19

19. UNDERTAKER *Mary M. H. H. H.* (Address) *St. Joseph's*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 7*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 6*, 19*36*, to *Dec 7*, 19*36*I last saw her alive on *Dec 7*, 19*36* Death is said to have occurred on the date stated above, at *8 10* p. m.

The principal cause of death and related causes of importance were as follows:

Toxic Myocarditis
Auricular fibrillation

Date of onset

?

Other contributory causes of importance:

*Alcoholism & Malnutrition?*Was an operation performed? *no*

Date of

For what disease or injury?

What test confirmed diagnosis? *-*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *H. Austraw*

M. D.

(Address) *St. Joseph's Hospital*

9 - 1936

29875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29875

CERTIFICATE OF DEATH

✓ 46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? *55* yrs. *5* mos. *5* ds.

2. FULL NAME

(a) Residence: No.

Levinale

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Levinale Lyon*6. DATE OF BIRTH (month, day, year) *1851*7. AGE *85* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Editor*
10. Date deceased last worked at this occupation (month and year) *1935*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Levinale Lyon*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Chash Lyon*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Record*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Admission No. 12-10-36*
Date 19 *1936*19. UNDERTAKER *Edith Lewis*
(Address) *1437 E. Baltimore St.*20. FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 10, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 11, 1936* to *Dec. 10, 1936*I last saw him alive on *Dec. 10, 1936* Death is said to have occurred on the date stated above, at *8:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of large intestine
Cardiac insufficiency

Date of onset

11/11/36

Other contributory causes of importance:

Pulmonary emphysema
*Sciuitis*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 *1936*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel A. Belgorod* M. D.(Address) *Sinai Hospital*

C 10 1936

29876

F 29876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. *just x 46-7*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

4414 Groveland Ave 28-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Julia A. P. Gilbert

(a) RESIDENCE NO.

*4414 Groveland Ave*ST. *Westminster Md*

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. *6* mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Oscar D. Gilbert*6 DATE OF BIRTH (month, day, and year) *Oct. 27-1861*

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*25**1**13*

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work*None*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town,
(State or country)*Westminster Md.*

10 NAME OF FATHER

John D. Powder

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Sarah Hiner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant

(Address)

*Mrs. Margaret P. Hoer
4414 Groveland Ave.
Baltimore, Md.*

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec 10/36*

17

I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1936, to *Dec. 10, 1936*that I last saw him alive on *Dec 9, 1936*and that death occurred, on the date stated above, at *6:00 a m.*

The CAUSE OF DEATH* was as follows:

*Carcinoma of Rectum*CONTRIBUTORY
(Secondary)(duration) *2* yrs. *mos.* *ds.*(duration) *3* yrs. *mos.* *ds.*18 Where was disease contracted
If not at place of death?*Westminster Md.*

Did an operation precede death?

No Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Physical Examination

(Signed)

Dr. Woodward M. D.

19

(Address)

Westminster Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL.

DATE OF BURIAL

*Westminster Cemetery**Dec 11 1936*

20 EXPERTAKER

ADDRESS

*H. Bankardson**Westminster Md.*

C 13 1936

29877

HEALTH DEPARTMENT—CITY OF BALTIMORE

29877

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)Length of residence in city or town where death occurred 18 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 18 yrs. 1 mos. 0 ds.2. FULL NAME Sylvester PigfordRegistered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 1222 E. Madison St. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Alice
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 14, 18987. AGE 36 Years 7 Months 24 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Car.
(State or country)13. NAME Dave Pigford14. BIRTHPLACE (city or town) N. Car.
(State or country)15. MAIDEN NAME Lizzie ?16. BIRTHPLACE (city or town) N. Car.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place McCauley Cem. Date 12-11-193619. UNDERTAKER Byrd W. Wright
(Address) 1278 McElderry St

20. FILED

C 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 193622. I HEREBY CERTIFY, That I attended deceased from December 1, 1936 to December 8, 1936I last saw him alive on December 8, 1936 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset
Sep
1936

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury? What test confirmed diagnosis? Clinical here an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Lew H. Feldman M. D.(Address) Baltimore City Hospitals

29878 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29878

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnetha Crawford (18386)

If U.S. Veteran specify WAR

(a) Residence: No. 207 N. Bond St. St. 6-5 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1913

7. AGE Years 23 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME Arthur Crawford

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Jose ?

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wt. Calvary Ch. Date 12-11-36

19. UNDERTAKER Geo. Kussbaum (Address) 1836 Penna. Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1936

22. I HEREBY CERTIFY That I attended deceased from November 2, 1936 to December 8, 1936

I last saw er alive on December 8, 1936 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Sept. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Were an autopsy? Yes

23. If death was due to external causes (violent) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jerome T. Burton M. D.

(Address) Baltimore City Hospitals

C 10 1936

29879 HEALTH DEPARTMENT—CITY OF BALTIMORE 29879

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Winchester St., 16-1 Ward)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1217 Winchester St., 16-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Marion (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) May 17, 1936

7. AGE 43 Years 6 Months 21 Days If LESS than 1 day..... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher, Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2040

10. Date deceased last worked at this occupation (month and year) Kilmarnock Va 11. Total time (years) spent in this occupation 2040

12. BIRTHPLACE (city or town) Kilmarnock Va (State or country)

13. NAME John Beard

14. BIRTHPLACE (city or town) Kilmarnock Va (State or country)

15. MAIDEN NAME Laurie Willey

16. BIRTHPLACE (city or town) Kilmarnock Va (State or country)

17. INFORMANT Miss Maude (Address) 1312 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Kilmarnock Va Date 2/10/36 19

19. UNDERTAKER Mr. H. Halland (Address) 1631 Annie Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an 10 45 PM thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: Fractured Ribs Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 8

For what disease or injury? Fractured Ribs

Name of operation Fractured Ribs Date of Dec 8

What test confirmed diagnosis? Fractured Ribs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Fractured Ribs

Accident, suicide, or homicide? Fractured Ribs Date of injury Dec 8, 1936

Where did injury occur? Fractured Ribs (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fractured Ribs

Manner of injury Fractured Ribs

Nature of injury Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased? Fractured Ribs

If so, specify Fractured Ribs (Signed) John Beard Coroner M. D.

(Address) 12157 Harwood

DEC 10 1936

DEC 10 1936

F 29880

Dr. Wright - S. Elwood Ave

F 29880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 13-6 Ward)Length of residence in city or town where death occurred 21 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth? 21 yrs. 10 mos. 10 da.

2. FULL NAME

Thomas Sprinkle(a) Residence: No. 3321 Talle Road St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower5a. If married, widowed, or divorced, HUSBAND of Sarah M. Sprinkle (or) WIFE of6. DATE OF BIRTH (month, day, year) May 16, 18427. AGE 94 Years 6 Months 23 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker 10. Date deceased last worked at this occupation (month and year) md. 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) md.13. NAME Henry Sprinkle14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Kate Foreman16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Grace Tracey (Address) 3321 Talle Road18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampden Date Dec 11, 193619. UNDERTAKER Chenoweth (Address) 3615 17th Street Ave20. FILED 11-13-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hydroic pneumonia
+ shock.

Other contributory causes of importance:

Fracture of femurWas an operation performed? md. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident (Date of injury) Dec 5, 1936Accident, suicide, or homicide md. (Specify city or town, county, and State)Where did injury occur? at home

Specify whether injury occurred in industry, in home, or in public place

Manner of injury fell on floorNature of injury fracture femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. A. M. Wright
1010 S. Elwood Ave

M. D.

F 29881

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29881

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Caroline St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1814 N. Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 6, 19137. AGE Years 23 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Elmer N. Johnson Jr.14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sophie J. Colburn16. BIRTHPLACE (city or town) (State or country) Balto., Md.17. INFORMANT Mrs. Sophie J. Johnson(Address) 1814 Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

New CathedralDate Dec 14, 193619. UNDERTAKER Chenoweth & Son(Address) 3615 12th Ave

10 1936

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-193622. I HEREBY CERTIFY. That I attended deceased from 11-12-1936 to 12-8-1936I last saw him alive on 12-8-1936. Death is said to have occurred on the date stated above, at 4:56 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis April 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Geo. B. Lybeal M. D.

(Address)

2802 Harford Ave

F 29882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-e*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1506 E Chase* St., *8-7* Ward)

Length of residence in city or town where death occurred. *64* yrs. mos. ds. How long in U. S. If of foreign birth *64* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1506 E Chase* St., *8-7* Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced: (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 17 1867*

7. AGE Years *75* Months *3* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*
(State or country)

13. NAME *Henry Gaulich*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME *Anna P*

16. BIRTHPLACE (city or town) *Germany*
(State or country)

17. INFORMANT *in Henry Stehlik*
(Address) *1506 E Chase St*

18. BURIAL, CREMATION, OR REMOVAL
Place *Louisa Ph* Date *12/11/36*

19. UNDERTAKER *L. Neumann & Son*
(Address) *32 S Broadway*

20. FILED *E. J. Neumann*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/9/36*

22. I HEREBY CERTIFY That I attended deceased from *January 26 Dec. 9* 19*36*

I last saw him alive on *Dec. 5* 19*36* Death is said

to have occurred on the date stated above, at *12/9 a.m.*

The principal cause of death and related causes of importance were as follows:

myocarditis Chronic Date of onset *1926*

arteriosclerosis *1926*

Other contributory causes of importance:

Chronic cystitis Chronic *1930*

Was an operation performed? *No* Date of

For what disease or injury? *No*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Edgar P. Sandrock* M. D.

(Address) *Medical ARTS Bldg.*

C 10 1936

29883

TOWLER

F 29883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

946 Harlem Ave

CITY OF BALTIMORE: (No.

St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Andrew R. Lawler

(a) Residence: No.

946 Harlem Ave St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Cal.

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

about 45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Police records

18. BURIAL, CREMATION, OR REMOVAL

Place National

Date 12/11/36

19. UNDERTAKER

(Address)

Wm A Jackson 916 Peima Ave

20. FILED

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. Ham

Coroner

M. D.

1215 Hamover

F 29884

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29884

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *16-12*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day..... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion*Date *Dec 10*, 19*36*

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-10-36*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

DEC 10 1936

Registrar

29885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29885

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 S. Baylis St. 16-9 Ward)Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 78 yrs. mos. ds.
If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 1203 S. Baylis St., 16-9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 72 4. Color or Race 91 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —6. DATE OF BIRTH (month, day, year) Mar 27 18577. AGE Years 79 Months 8 Days 8 11
If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Naples
(State or country) Italy13. NAME Louis Dimarco
14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Mary G. Disimone
16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Mr. Carlucci
(Address) 1203 S. Baylis St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Park Cem. Date Dec. 11 193619. UNDERTAKER Frank Della Noce
(Address) 52 N. Morty St.

20. FILE

DEC 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 193622. I HEREBY CERTIFY, That I attended deceased from Nov 17 1936 to Dec 8 1936I last saw him alive on Dec 8 1936 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Chronic Myocarditis
Myocardial Infarction

Date of onset

12-3-36

Other contributory causes of importance:

Was an operation performed? None Date of —

For what disease or injury?

Name of operation — Date of —What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) E. Schumaker M. D.(Address) 8423 East Ave

29886 HEALTH DEPARTMENT—CITY OF BALTIMORE 29886

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Little Sister of the Poor*

CITY OF BALTIMORE: (No. *1200 Valley* St., *10-1* Ward)

Length of residence in city or town where death occurred *8* yrs. *8* mos. *24* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles S. Cornwithe

If U. S. Veteran
specify WAR

(a) Residence: No.

1200 Valley

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 14-1856*

7. AGE Years *80* Months *8* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Building 20015*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)

13. NAME *Robert Cornwithe*

14. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)

15. MAIDEN NAME *Martha Haroid*

16. BIRTHPLACE (city or town) *England*
(State or country)

17. INFORMANT *Sister Stanislas, Sup.*
(Address) *1200 Valley St. City*

18. BURIAL, CREMATION, OR REMOVAL *11/36*
Place *London Pl. Cem* Date *11/36* 19

19. UNDERTAKER *John J. Cowan & Son*
(Address) *901 Hollins St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 8 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 3rd* 1936 to *Dec 8* 1936

I last saw him alive on *Dec 2* 1936. Death is said to have occurred on the date stated above, at *11:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

?

Other contributory causes of importance:

*Asthma
Smoking*

2

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Tup* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature) *E. C. Parker* M. D.

(Address) *1114 Harbor Ave*

DEC 10 1936

29887 HEALTH DEPARTMENT—CITY OF BALTIMORE 29887

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp. St. 4 - 2nd* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *Jones Creek Md* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

3a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Nov 30 1936*

7. AGE Years _____ Months _____ Days *10 9* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)

13. NAME *Christopher E Waldmann*
14. BIRTHPLACE (city or town) *Balto Md*
(State or country)

15. MAIDEN NAME *Or. E. Phillips*
16. BIRTHPLACE (city or town) *Ridgely Va*
(State or country)

17. INFORMANT *Mr. Christopher E Waldmann*
(Address) *Jones Creek Md.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn* Date *Dec 11 1936*

19. UNDERTAKER *John F. Dennis*
(Address) *715 Light*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 7 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 30 1936* to *Dec 7 1936*

I last saw him alive on *Dec 7 1936*. Death is said to have occurred on the date stated above, at *105 PM*.

The principal cause of death and related causes of importance were as follows:

Acute gastroenteritis

Date of onset
12/7/36

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

What test confirmed diagnosis? *Clin.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in _____ industry, in _____ home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. M. Weaver - Albertson* M. D.

(Address) *Univ. Hospital*

EC 10 1936

29888

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29888

CERTIFICATE OF DEATH

✓ 108

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538-Holbrook Street St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edward J. Nolan

If U.S. Veteran
specify WAR

(a) Residence: No. 1538-Holbrook Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or ~~Married~~

6a. If married, widowed, or divorced HUSBAND of Delia (Byrne) (or WIFE of)

6. DATE OF BIRTH (month, day, year) 1/15/1875

7. AGE 61 Years 10 Months 24 Days If LESS than 1 ~~day~~ or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto. City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept. 0009

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Martin J. Nolan 14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Margaret (Kane) 16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Delia Nolan (Address) 1538-Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 12/12/36

19. UNDERTAKER George J. Smith, Inc. (Address) 1735-Harford Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Dec 6 1936

I last saw him alive on Dec 8 1936 Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Robert pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

10 1936

F 29889

29889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5422 Park Heights Ave., 27-18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE H. DANNETTEL

(a) Residence: No. 5422 Park Heights Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - -

6. DATE OF BIRTH (month, day, year) Oct. 21. 1872

7. AGE Years 34 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME George F. Dannettel 14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Susan L. Keppish 16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mr. Frank E. Dannettel (Brother) (Address) 5422 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Dec. 10. 1936 Place Date

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway

20. REGISTRAR (Address) 108 S. Patterson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th 193622. I HEREBY CERTIFY That I attended deceased from June 3rd 1935 to Dec. 8th 1936I last saw him alive on Dec. 8th 1936 Death is said to have occurred on the date stated above, at 9³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Endocarditis 1 1/2 yrs.

Other contributory causes of importance:

Loomary Heroinosis 3 hrs.

Name of operation none Date of -

What test confirmed diagnosis? Phys. signs Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. A. Keel M. D.

(Address) 108 S. Patterson Ave

C 101936

F 29890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29890

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Reilly

If U. S. Veteran

specify WAR

(a) Residence: No. 1200 Valley St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 17 March 1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

85

Years

Months

Days

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgetown, Md. (State or country)

FATHER

13. NAME William Reilly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Julia Collins

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas

(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 10, 1936

19. UNDERTAKER Rife-Windfield

(Address) 2117 Securus Court Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Dec 9, 1936

I last saw him alive on Dec 2, 1936 Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. Hypertension

Date of onset

Other contributory causes of importance:

Atherosclerosis
Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) E. M. C. Parker M. D.

(Address) 1112 Maryland Ave

20. FILED

C 10 1936

29891

F 29891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28891* St. *19* Ward *3*)Length of residence in city or town where death occurred *3* yrs. *3* mos. *0* ds. How long in U. S. If of foreign birth? *World War* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *28891* St. *19* Ward *3*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Eva Trueson Kiek*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 18, 1897*7. AGE Years *39* Months *9* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter & Decorator*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0053*10. Date deceased last worked at this occupation (month and year) *Nov 14, 1936* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *G. O. Kiek*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*15. MAIDEN NAME *Bartman*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*17. INFORMANT *Recorded & Signed by Dr. H. S. ...* (Address) *301 N. ...*18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *Dec 12, 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 9, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide by jumping from high place *12-9-36*

Other contributory causes of importance:

Replacement of liver *12-9-36*
Was an operation performed? *Yes* Date of *Unknown*

For what disease or injury?

Name of operation *Liver* Date of *Dec 9, 1936*What test confirmed diagnosis *Liver* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Suicide* Date of injury *12-9-36*Where did injury occur? *H. S. Marine Hospital* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public place for S. Marine H. Sp.*Manner of injury *Pushed from building*Nature of injury *Right lung lacerated*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. S. ...* Coroner(Address) *...*

EC 10 1936

F 29892

F 29892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 N. Wolfe St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Florence SmithIf U. S. Veteran specify WAR No Record

(a) Residence: No.

1115 N. Wolfe

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

Married

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of

Andrew F. Smith

C. DATE OF BIRTH (month, day, year)

June 19th 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

761019

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (city or town) (State or country)

Baltomd

FATHER

13. NAME

James O'Donnell

14. BIRTHPLACE (city or town) (State or country)

Hartford Ctmd

MOTHER

15. MAIDEN NAME

Martha Ann Moore

16. BIRTHPLACE (city or town) (State or country)

Baltomd

17. INFORMANT (Address)

Flora Laabs
8 Charles St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

Dec 2nd 1936

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from

12/6/36

19.

12/8/36

19.

I last saw him alive on 12/6/36 19.to have occurred on the date stated above, at 4th A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Carcinoma?

Date of onset

?

Other contributory causes of importance:

Cornary Thrombosis.11/8/36

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Rhymil as there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W

If so, specify

(Signed)

Lawrence A. Lane

M. D.

(Address) 1009 Annapolis Bldg

EC 10 1936

29893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29893

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Mrs. Ida M. Henry*If U. S. Veteran
specify WAR(a) Residence: No. *466 S. Bentelme* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced <i>husband</i> (or) <i>Wife</i> <i>Edwin K. Henry</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>12-23-1880</i> | | |
| 7. AGE <i>55</i> | Years <i>11</i> | Months <i>13</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0037</i> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) *Pennsylvania*13. NAME *Wm. Bazar*14. BIRTHPLACE (city or town)
(State or country) *Pennsylvania*15. MAIDEN NAME *Mary Mitchell*16. BIRTHPLACE (city or town)
(State or country) *Pennsylvania*17. INFORMANT *Dr. G. G. G. G.*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Funeral Home Date *Dec. 17/36*19. UNDERTAKER *Easton Sons*
(Address) *Baltimore City*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 10*, 19*36*22. I HEREBY CERTIFY. That I attended deceased from
Nov. 15, 19*36* to *Dec. 10*, 19*36*I last saw her alive on *Dec. 10*, 19*36* Death is said to have occurred on the date stated above, at *3:25 a.m.*

The principal cause of death and related causes of importance were as follows:

*Diffuse goiter with hyperplasia
Post-operative thyroid crisis*

Date of onset

*1890
12-9-36*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *12-8-36*For what disease or injury? *Diffuse goiter with hyperplasia*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Stephens* M. D.(Address) *Dr. G. G. G. G.*

10 1890

29894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Fair Oaks Ave. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Jane Dosch

(a) Residence: No. 5507 Fair Oaks Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benton G. Dosch

6. DATE OF BIRTH (month, day, year) Oct. 11, 1845

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 91 | 1 | 28 | |

| | | |
|------------|---|-----|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | - - |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | - - |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) West Alexander Pa.
(State or country)

13. NAME John Davis

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MAIDEN NAME Elizabeth Prosser

16. BIRTHPLACE (city or town) W. Va.
(State or country)17. INFORMANT Eiretta Dosch
(Address) 5507 Fair Oaks Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Union Dale Cem. Date Dec. 11, 1936
Pittsburgh, Pa.19. UNDERTAKER Frederick Prosser
(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 5, 1936 to Dec 9, 1936
I last saw her alive on Dec 9, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset
a number
of years

Other contributory causes of importance:

Coronary Decomposition

Dec 5
1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd
Baltimore Maryland

10 1936

F 29895

✓ F 29895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sydenham Hosp.*
 CITY OF BALTIMORE: (No. *Balto Md.* St. *9-2* Ward)

Registered No. _____

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Edward Tilley

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

Benson, Md.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race. *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 4, 1923*

7. AGE Years Months Days If LESS than
13 10 6 1 day, _____ hrs.
 or _____ min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *School.*

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) *Harford Co.*
 (State or country) *Md.*

13. NAME *Elihu H. Tilley*

14. BIRTHPLACE (city or town)
 (State or country) *N. Carolina*

15. MAIDEN NAME *Mary Ann Elison*

16. BIRTHPLACE (city or town)
 (State or country) *N. Carolina*

17. INFORMANT *Wm. F. H. Tilley*
 (Address) *Benson, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Centre Mt. 12/1/36

19. UNDERTAKER *Horsley & Sons*
 (Address) *Benson Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 10, 1936*

22. I HEREBY CERTIFY. That I attended deceased from
Dec. 9, 1936 to Dec. 10, 1936

I last saw him alive on *Dec. 10, 1936* Death is said

to have occurred on the date stated above, at *5:45 A.M.*

The principal cause of death and related causes of
 importance were as follows:

*slight pneumonia - bronchitis
 and pharyngitis*

Date of onset

12/7/36

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Sidney Selman* M. D.(Address) *Sydenham Hospital*

10 1936

Attest _____ Registrar.

29896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29896

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Orleans St., 6-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Victoria May HallandIf U.S. Veteran
specify WAR

(a) Residence: No.

2004 Orleans

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced, HUSBAND of Geo. T. Halland (or) WIFE of6. DATE OF BIRTH (month, day, year) March 1 - 18647. AGE Years 72 Months 9 Days 9 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town, State or country) Lithuan Va13. NAME Frederick Parker14. BIRTHPLACE (city or town, State or country) Va15. MAIDEN NAME Emma London16. BIRTHPLACE (city or town, State or country) MD17. INFORMANT Method Halland(Address) 2004 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Halland Date Dec 11 193619. UNDERTAKER John Welch(Address) 2004 Orleans St.20. FILED 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 193622. I HEREBY CERTIFY That I attended deceased from Sept, 1936 to Dec. 10, 1936I last saw her alive on Dec. 9, 1936 Death is said to have occurred on the date stated above, 15-0 m.

The principal cause of death and related causes of -

Chc. Nephritis with arterial sclerosis -

Other contributory causes of importance

Acute myocardial infarctionWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. English M. D.(Address) 500 E. Pratt St.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 29897

29897

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Maryland Ave. St. 17-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1795 Maryland Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female 6. Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Vernon Gross

6. DATE OF BIRTH (month, day, year)

Sept 12, 1912

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

24 1912 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Anne Arundel Cty.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Vernon Gross 1715 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date

St. Calvary Cemetery Dec 11, 1936

19. UNDERTAKER

(Address)

Adolphus Halstead 1715 Maryland Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to Dec. 8, 1936

I last saw her alive on Dec 7, 1936. Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis 1936
and two months from history
2 who from knowledge

Other contributory causes of importance:

Secondary anemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

M. L. Adams 426 E. 23rd St.

M. D.

10 1936

Registrar

F 29898

✓ F 29898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH *South Baltimore General Hosp*
 CITY OF BALTIMORE: (No. *2-3* St. *2-3* Ward)
 Registered No. *107a*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *William Fogle*
 (a) Residence: No. *810 S Broadway* St. *2-3* Ward. *2-3*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced
 HUSBAND of *Monnie Wagner*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar. 11, 1886*

7. AGE Years *51* Months *8* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Musician (Retired)*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0086*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *City*
 (State or country)

13. NAME *Leonard Fogle*
 14. BIRTHPLACE (city or town) *Germany*
 (State or country)

15. MAIDEN NAME *Not Known*
 16. BIRTHPLACE (city or town) *Germany*
 (State or country)

17. INFORMANT *Miss May Fogle*
 (Address) *6429 Bristol Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Balto. Cemetery* Date *12/11/1936*

19. UNDERTAKER *C. D. Fanning & Son*
 (Address) *1938 E. Lafayette Ave.*

20. REGISTRAR *101936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/8, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *12-7, 1936* to *12-8, 1936*

I last saw him alive on *12-8, 1936* Death is said to have occurred on the date stated above, at *6:55 p.m.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset *7*

Other contributory causes of importance:

Generalized Arteriosclerosis

2

Was an operation performed? *No* Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Louis J. Kroll*

(Address) *South Balto Gen Hosp.*

M. D.

29899

HEALTH DEPARTMENT—CITY OF BALTIMORE

29899

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N. Calvert St., 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 912 Madison Ave St., _____ Ward. (Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced (or) WIFE of John Jackson6. DATE OF BIRTH (month, day, year) June 25-18997. AGE Years 38 Months 6 Days 10 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037
10. Date deceased last worked at this occupation (month and year) 11-27-36 11. Total time (years) spent in this occupation 1812. BIRTHPLACE (city or town) (State or country) Alabama13. NAME Charles Culver14. BIRTHPLACE (city or town) (State or country) Alabama15. MAIDEN NAME Lula Malvin16. BIRTHPLACE (city or town) (State or country) Alabama17. INFORMANT John Jackson (Address) 947 E. Broad St. Bal. Md.18. BURIAL, CREMATION, OR REMOVAL Place Int. autum Date Dec 12 193619. UNDERTAKER Adolphus Hartman (Address) 678 E. Broad St. Bal. Md.

20. FILED _____ 19 _____ Registered _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-193622. I HEREBY CERTIFY, That I attended deceased from 11-28-36, 19____ to 12-5-, 1936I last saw her alive on Dec. 5, 1936 Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Uremia Pericarditis - uramic Pneumonia - broncho. Date of onset 11-18-36 12-3-36 12-3-36

Other contributory causes of importance:

Hypertensive C-V. Disease Primary Contracted KidneysWas an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) L. Freeman M. D.(Address) Mary Hosp

10 1936

29900

CERTIFICATE CORRECTED 2-10-49 ✓ F 29900
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? 9 yrs. 9 mos. 9 ds.

2. FULL NAME

Matthias Pinn

If U. S. Veteran

specify WAR

(a) Residence: No.

2020 Madison Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Albert Pinn
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 15-19167. AGE Years 20 Months 3 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C.
(State or country)13. NAME Thomas Harris14. BIRTHPLACE (city or town) N.C.
(State or country)15. MAIDEN NAME Rhoda Wright16. BIRTHPLACE (city or town) N.C.
(State or country)17. INFORMANT Albert Pinn(Address) 2020 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date Dec 11 193619. UNDERTAKER Wm. Q. Ellis - Daughter(Address) 1129 Caroline St.20. DATE OF DEATH 12-8-36

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Respiratory Failure12-8-36

Other contributory causes of importance:

Septal PerforationWas an operation performed? no Date of

For what disease or injury?

Name of operation no Date ofWhat test confirmed diagnosis? History Was there an autopsy no23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 12-8-36Where did injury occur 2020 Madison Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place homeManner of Injury Drank liquor in moderateNature of injury medicinal for stomach trouble

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

29901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29901

34-E-79a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Brewer St. 17-2 Ward)Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1109 Brewer St. 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Clinia Hardy
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 26, 19467. AGE 40 Years 10 Months 13 Days 12 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004010. Date deceased last worked at this occupation (month and year) Jan 26, 1946 11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Samuel Hardy14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Mary Leasure16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFORMANT Mary Hardy
(Address) 1109 Brewer St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date Dec 12, 194619. UNDERTAKER Mrs H. A. Elliott daughter(Address) 1129 Caroline St20. FILER 1129 Caroline St

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 8, 194622. I HEREBY CERTIFY, That I took notice of the remains described above, held in _____ thereof and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)The principal cause of death and related causes of importance were as follows: 10 20 PM

Date of onset

Other contributory causes of importance:

Amnesia, probably

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Hain(Address) 1215 Hanover

Coroner

M. D.

Registrar.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

29902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29902

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Wilms St. Bk 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. 3 mos. 10 da. How long in U. S. If of foreign birth: 7 yrs. 3 mos. 10 da.

2. FULL NAME

(a) Residence: No. 1209 Wilms St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------|--|
| 3. SEX M. | 4. Color or Race P. | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of His Wife | | |
| 6. DATE OF BIRTH (month, day, year) 9/13, 1873 | | |
| 7. AGE 63 | Years x 2 | Months 7 1/2 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040 |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (city or town) (State or country) Baltimore City | | |
| 13. NAME George F. Cole | | |
| 14. BIRTHPLACE (city or town) (State or country) Baltimore City | | |
| 15. MAIDEN NAME Lillian Shuman | | |
| 16. BIRTHPLACE (city or town) (State or country) Baltimore City | | |
| 17. INFORMANT Lillian Shuman (Address) 1209 Wilms St. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 12/12 36 | | |
| 19. UNDERTAKER Wm. H. Jackson (Address) Baltimore | | |

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (month, day, year) 12/17/36 |
| 22. I HEREBY CERTIFY. That I attended deceased from 11/1/36 to 12/17/36 |
| I last saw him alive on 12/9/36. Death is said to have occurred on the date stated above, at 12:30 PM |
| The principal cause of death and related causes of importance were as follows: Pneumonia Fever |
| Date of onset 11/1/36 |
| Other contributory causes of importance: Myocarditis (coronary) |
| Was an operation performed? _____ Date of _____ |
| For what disease or injury? _____ |
| What test conducted? _____ Was there an autopsy? _____ |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____ |
| Where did injury occur? _____ (Specify city or town, county, and State) |
| Specify whether injury occurred in industry, in home, or in public place _____ |
| Manner of injury _____ |
| Nature of injury _____ |
| 24. Was disease or injury in any way related to occupation of deceased? _____ |
| If so specify _____ |
| (Signed) A. C. Shuman M. D. |
| (Address) 524 Wood St. |

10 1936

29903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29903

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital St. 7-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? *45* yrs. *5* mos. *5* ds.

2. FULL NAME

(a) Residence: No. *730 N. Kenwood Ave.* Ward. *7-3*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, (or) WIFE of *Charles Gossnell*

6. DATE OF BIRTH (month, day, year) *May 7/1886*

7. AGE Years *50* Months *7* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Carroll co. Md.*
(State or country)

13. NAME *Frank Abbott*

14. BIRTHPLACE (city or town) *Carroll co. Md.*
(State or country)

15. MAIDEN NAME *Catherine Rupp*

16. BIRTHPLACE (city or town) *Carroll co. Md.*
(State or country)

17. INFORMANT *Mr. Albert G. Abbott*
(Address) *823. Powers st.*

18. BURIAL, CREMATION, OR REMOVAL *Cremation Carroll co. Md.* Date *Dec. 13/36*

19. UNDERTAKER *M. J. Davis*
(Address) *3418 Chestnut Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 9 1936*

22. I HEREBY CERTIFY. That I attended deceased from *Dec 7 1936* to *Dec 9 1936*
I last saw him alive on *Dec 9 1936* Death is said to have occurred on the date stated above, at *5:00 P* m.

The principal cause of death and related causes of importance were as follows:

Infectious arthritis

Agranulocytic Angina

Other contributory causes of importance:

Terminal Broncho-pneumonia
phlebotomy

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

What test confirmed diagnosis? *Lof* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *—* 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) *N. Austran* M. D.

(Address) *St. Joseph's Hospital*

10 1936

29904

✓ F 29904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *9-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *John Luedtke*

(Usual place of abode)

St. *Elenburnie, Md.* Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 13, 1933*7. AGE Years *3* Months *2* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Anne Arundel Co. Md.* (State or country)13. NAME *August Luedtke* 14. BIRTHPLACE (city or town) *Elenburnie Md.* (State or country)15. MAIDEN NAME *Martha Salak* 16. BIRTHPLACE (city or town) *Poland* (State or country)17. INFORMANT *Corp. Records* (Address) *Sydenham Hospital*18. BURIAL, CREMATION, OR REMOVAL Place *Private Cem. A.A. Co.* Date *Dec 11* 193619. UNDERTAKER *A. J. Krane* (Address) *1216 S. Charles St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 10, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 9, 1936* to *Dec. 10, 1936*I last saw him alive on *Dec. 10, 1936* Death is said to have occurred on the date stated above, at *9:20 A.M.*

The principal cause of death and related causes of importance were as follows:

Measles
Bronchopneumonia

Date of onset

*12/7/36**12/7/36*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Sidney Selman, M. D.
Sydenham Hospital

F 29905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 342-107-B
26-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hos.*)St. *26-12* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Aaron Harold*If U. S. Veteran
specify WAR _____(a) Residence: No. *Unknown*

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years *40* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation *about 7*12. BIRTHPLACE (city or town) *Unknown*
(State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____17. INFORMANT *Police records*

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *City of Baltimore* Date *Dec 10* 19 *36*

19. UNDERTAKER

(Address) _____

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 29*, 19 *36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy, or Inquiry)obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Capillary bronchitis
asthmatic*

Other contributory causes of importance:

Cardiac failure

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *etc* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *A. M. Wright*(Address) *1010 S. Belmont Ave*

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

10 1936

2817

M. D. B. 1265-9
F 29906

✓ F 29906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 E. Lombard St., 3-2 Ward)Registered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Gus ButlerIf U. S. Veteran
specify WAR(a) Residence: No. 1124 E. Lombard St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) unknown5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of6. DATE OF BIRTH (month, day, year) unknown7. AGE Years about 35 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Police records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place buried in St. David Date Dec 10 193619. UNDERTAKER
(Address)

Commissioner of Health

Per M. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably chronic myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1010 S. Lombard Ave

M. D.

OCCUPATION is very important. See instructions on back of certificate.

10 1936

2816

29907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bret City Hos. St. 4-1 Ward)Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.
If U. S. Veteran specify WAR.....

2. FULL NAME

(a) Residence: No. 122 Market Place St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Unknown5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months Days If LESS than 1 day.....hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Commissioner of Health Date Dec 10 1936

19. UNDERTAKER (Address)

Commissioner of Health

Per W. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

hypostatic pneumonia

Other contributory causes of importance:

fracture of humerus

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

accident

Date of injury

Nov 29 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place rooming house

Manner of injury

Fell up stairs

Nature of injury

fracture of humerus

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. A. Moore

Coroner

M. D.

(Address)

1010 S. E. Wood Ave

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

101536

3815

F 29908

F 29908 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. East Falls + Fleet St. 31 Ward) Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.
2. FULL NAME Unknown U. S. Veteran _____ specify WAR _____
(a) Residence: No. Unknown St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Unknown</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>Unknown</u> | | |
| 7. AGE <u>about 60</u> | Years <u>60</u> | Months <u>0</u> |
| Days <u>0</u> | | If LESS than 1 day, ____ hrs. or ____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| 11. Total time (years) spent in this occupation _____ | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | |
| FATHER | 13. NAME _____ | |
| | 14. BIRTHPLACE (city or town) (State or country) _____ | |
| MOTHER | 15. MAIDEN NAME _____ | |
| | 16. BIRTHPLACE (city or town) (State or country) _____ | |
| 17. INFORMANT (Address) _____ | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>University Med School</u> Date <u>Dec. 10, 1936</u> | | |
| 19. UNDERTAKER (Address) <u>Commissioner of Health</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Motor Vehicle Date of Injury Nov 24, 1936

Accident, suicide, or homicide

Where did injury occur Public Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found in East Falls + Fleet St.

Manner of Injury Pulmonary Hemorrhage

Nature of Injury Drum

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. M. Wright M. D.
(Address) 10105 Edmond Ave

10 1836

2814

OCCUPATION is very important. See instructions on back of certificate.

29909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29909

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

1504 Mc Culloch St. 14th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Amos James

(a) RESIDENCE NO.

1504 Mc Culloch

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 7 ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male Colored Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

Rosa James

6 DATE OF BIRTH (month, day, and year)

July 4 1895

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

41

5

5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Chef

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Tallahassee Fla

10 NAME OF FATHER

Dont know

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

Fannie Ponder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Fla

14

Informant (Address)

Rosa James 1504 Mc Culloch

15

11 1936

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Dec 9 1936

17

I HEREBY CERTIFY, That I attended deceased from

Nov 30, 1936, to Dec 9, 1936

that I last saw him alive on Dec 9, 1936

and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. M. R.

M. D.

(Address)

1106 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Lincoln Memorial Park

12-11 1936

20 UNDERTAKER

ADDRESS

Archibald L. Ladd 211st Street

F 29910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29910

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 5-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *21* yrs. *12* mos. *10* ds. How long in U. S. If of foreign birth? *21* yrs. *12* mos. *10* ds.

2. FULL NAME

Ellice Johnson

If U. S. Veteran

specify WAR

(a) Residence: No. *1203 W. Elden* St., *5-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of*Henry Johnson*6. DATE OF BIRTH (month, day, year) *1910*7. AGE *26* Years Months Days If LESS than 1 day, *10* hrs. or *10* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *John Johnson*14. BIRTHPLACE (city or town) (State or country) *Richmond V.A.*15. MAIDEN NAME *Meria Jefferson*16. BIRTHPLACE (city or town) (State or country) *Richmond V.A.*17. INFORMANT *Henry Johnson Husband*
(Address) *1203 W. Elden St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. Auburn* Date *Dec 11 1936*19. UNDERTAKER *Ellice O. Wilson*
(Address) *1203 W. Elden St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-7-1936*22. I HEREBY CERTIFY That I attended deceased from *Nov 11-10 1936* to *Dec 7 1936*I last saw him alive on *Dec 7 1936* Death is said to have occurred on the date stated above, at *6* m.

The principal cause of death and related causes of importance were as follows:

Subsided obstruction *11/23/36*

Other contributory causes of importance:

Was an operation performed? *yes* Date of *11/23/36*For what disease or injury? *Suppuration*Name of operation *Celestine* Date of *11/23/36*What test confirmed diagnosis *Celestine*

23. If death was due to external causes (violence) fit in also the following:

Accident, suicide, or homicide? *no* Date of injury *1936*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Harris*(Address) *1207 N. Caroline*

M. D.

C 11 1936

F 29911 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 29911

122-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Levindele St. Belvedere Ward. Trinity
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur

6. DATE OF BIRTH (month, day, year) 1887

7. AGE 49 Years Months Days 11 LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER 13. NAME Harry Sklar 14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER 15. MAIDEN NAME Rosie 16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Arthur Hurwitz (Address) 1508 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Burial Cemetery Date Dec 11, 1936

19. UNDERTAKER Sol Levinson & Bros (Address) 1127 E. Balto St

20. DATE 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1936 to 12/10 1936

I last saw him alive on 12/10 1936 Death is said to have occurred on the date stated above, at 8 ^{am} ~~pm~~

The principal cause of death and related causes of importance were as follows:

1. Heart Block
2. Chronic Atherosclerosis

Date of onset

Other contributory causes of importance:

Amblyopia Hernia
Arteriosclerosis

Was an operation performed? Yes Date of 12/5/36

For what disease or injury? Strangulated umbilical hernia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Elliot M. Nicholson M. D.

(Address) Sinai Hospital

F 29912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1-4* St. *93-C* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *2131 Cambridge St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Marcyanna Zych*

6. DATE OF BIRTH (month, day, year)

Aug. 15, 1891

7. AGE

Years

Months

Days

If LESS than
1 day, *24* hrs.
or *0* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

FATHER

13. NAME

John Zych

14. BIRTHPLACE (city or town) (State or country)

Poland

MOTHER

15. MAIDEN NAME

Unk.

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

(Address)

Marcyanna Zych
2131 Cambridge St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Rosary* Date *Dec 12, 1936*

19. UNDERTAKER

(Address)

Fred W. G. Gagnier
1938 Eastern Ave.

20. FILED

Arthur W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Dec. 9, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Coronary embolism

Other contributory causes of importance:

Probably Chronic myocarditis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. W. Wright
1010 S. E. 1st Ave.

Coroner

M. D.

See instructions on back of certificate.

v s e

11 1936

F29913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F29913

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6011 Cedonia Ave. 56-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Bernard J. Burke

If U.S. Veteran

specify WAR

(a) Residence: No. 6011 Cedonia Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Katherine Burke (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-18-1871

7. AGE Years 65 Months 3 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Paul Burke
6011 Cedonia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Buried

Date 12/14/36

19. UNDERTAKER

(Address)

Leonard M. Wright
5205 Highland Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-36

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1935 to Dec. 8, 1936.

Last saw him alive on Dec. 8, 1936. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Coronary arteriosclerosis

Date of onset

Unknown

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John A. Drachy
6304 Belair Rd

D.

EC 11 1938

F. E. M. W. H. S. D.

OCCUPATION is very important. See instructions on back of certificate.

29914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)Length of residence in city or town where death occurred 50 yrs. - mo - da. How long in U. S. If of foreign birth: 60 yrs. - mo - da.
If U. S. Veteran specify WAR

2. FULL NAME

Anthony Hanzlik.

(a) Residence: No. 815 N. Patterson Park Ave.
(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If XXXX widowed, or XXXXXX
HUSBAND of XXXXXX

Katherine Hanzlik.

6. DATE OF BIRTH (month, day, year) May 28, 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
85 6 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Marie Hanzlik. (daughter)
(Address) 815 N. Patterson Park Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date Dec 11, 193619. UNDERTAKER Franky Cruch, a son
(Address) 1906 Ashland Ave

20. FILED

Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, December 9, 1936)22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Accidental fall to floor.Fracture of left hip. 12/5/36Broncho pneumonia. 12/8/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 12/5/36Where did injury occur? 815 N. Patterson Pk. Ave.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place At home.Manner of injury Fall to floor.Nature of injury Fractured left hip.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Otto M. Reinhardt M. D.
12/9/36 (Address) 1017 S. Charles St. Coroner

C 11 1336

F D. 29915

F 29915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Rogers St. 16 Ward)Length of residence in city or town where death occurred 16 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 16 yrs. 2 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1303 Rogers St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cole 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 5-19327. AGE Years 3 Months 7 Days 5 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME Louise E. Stovall14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Louise Stovall16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Louise Stovall
(Address) 1303 Rogers St18. BURIAL, CREMATION, OR REMOVAL
Place St. Luke's Date 12/12/36 1919. UNDERTAKER Thos. P. Nelson
(Address) 1303 Rogers St20. FILED St. Luke's Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.
The principal cause of death and related causes of importance were as follows:Date of onset Sept 1 1935Death from pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of 12-12-36For what disease or injury? HeartName of operation None Date of 12-12-36What test confirmed diagnosis? Autopsy Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 12-12-36Where did injury occur? Home
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury HeartNature of injury Heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. P. Nelson M. D.(Address) 1303 Rogers St

29916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Argyle St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 367 yrs. 17 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 938 Argyle St., 17-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 17-19077. AGE Years 29 Months 4 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME William Randall14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Marie Dwyer16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Alie Jones (Address) 1611 W. Hubbard St18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 12/12/193619. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St20. FILED 11 1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest thereon and from the evidence obtained by inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed? no Date of Dec 9 1936For what disease or injury? Heart Name of operation Heart Date of Dec 9 1936What test confirmed diagnosis? Heart Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury Dec 9 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D. (Address) 509 Argyle St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 29917

Mary A. Landers

F 29917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Normal Ave St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. 1601 Normal Ave

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1875

7. AGE Years 63 Months 6 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Landers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Landers (Address) 1601 Normal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Calverton Date Dec. 10, 1936

19. UNDERTAKER (Address) Eli Wiedefeld

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1936 to 12/8, 1936

I last saw him alive on 12/8, 1936 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Ryan, M. D.

(Address) 1216 N. Calverton

OCCUPATION is very important. See instructions on back of certificate.

EC 11 1936

29918 HEALTH DEPARTMENT—CITY OF BALTIMORE 29918

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-6 Ward)Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR 2. FULL NAME Charles A. Wagner(a) Residence: No. 1833 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Emma A. Wagner
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 3, 18977. AGE Years 09 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawyer, Lumber Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4912. BIRTHPLACE (city or town) Balto, Md.
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Wilbur E. Wagner
(Address) 1821 E. Lafayette Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/12/3619. UNDERTAKER Fredrick L. Lashley
(Address) 7401 Belair Road20. FILLED Huntington Wilbur Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date Dec. 9, 1936For what disease or injury? InjuryName of operation Decompression Date of 12.9What test confirmed diagnosis? Clin. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident Date Dec. 8, 1936Accident, suicide, or homicide? Canton Lumber Co. Balto. City

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place IndustryManner of injury Fell from Pile of LumberNature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify Fell from Pile of Lumber(Signed) W. E. Wagner Coroner(Address) 27874 - 1200

DEC 11 1936

F 29919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29919

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *502 Parrish St.* St., *19-1* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *502 Parrish St.* St., *19-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *William Johnson*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *William Johnson*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *William M. Johnson*
(Address) *502 Parrish St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. Auburn* Date *12/12/36* 1919. UNDERTAKER *Mr. Geo. N. Halland*
(Address) *1631 Broad Hill Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 10 1936*22. I HEREBY CERTIFY That I attended deceased from *Dec 8 1936* to *Dec 10 1936*I last saw him alive on *Dec 10 1936* Death is said to have occurred on the date stated above, at *99* m.

The principal cause of death and related causes of importance were as follows:

Branch pneumonia (primary)

Other contributory causes of importance:

Data at onset

*177*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *Smear* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

DEC 11 1936

Huntington Williams, Jr.

29920

HEALTH DEPARTMENT—CITY OF BALTIMORE

29920

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Stephen St., 17-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Hannah B. MandemIf U.S. Veteran
specify WAR _____(a) Residence: No. 505 Stephen St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Arthur Mandem (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 18, 18847. AGE Years 3 Months 3 Days 8 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (city or town) Bethesda, Md. (State or country)13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT John Mandem (Address) 505 Stephen St.18. BURIAL, CREMATION, OR REMOVAL Int. Grav. Date 12/12/3619. UNDERTAKER Mrs. H. H. Hally (Address) No. 31 Alameda Ave.

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/3622. I, HEREBY CERTIFY, That I attended deceased from Sept. 18, 1884 to 12/9/36, 1936I last saw him alive on 12/8/36 Death is saidto have occurred on the date stated above at 11 a.m.The principal cause of death and related causes of importance were as follows: Infantile StomachIntoxicationOther contributory causes of importance: High blood pressure

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Physician Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 1936

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. H. Hally M. D.(Address) 31 Alameda Ave.

DEC 11 1936

H. H. Hally

HEALTH DEPARTMENT—CITY OF BALTIMORE

29921

CERTIFICATE OF DEATH

29921

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 21 Ward)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 24 yrs. 0 mos. 0 ds.

2. FULL NAME

Mr. David Sheer

(a) Residence: No. 2019 E. Balto St. St., 21 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Minnie</u> (or) WIFE of <u>Jun 1st 1897</u> | | |
| 6. DATE OF BIRTH (month, day, year) | | |
| 7. AGE <u>39</u> | Years <u>11</u> | Months <u>9</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation <u>0080</u> |

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Morris Sheer

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Rose

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Interment

72-11-36

19. UNDERTAKER (Address)

Jack Lewis Inc.
1439 E. Balto St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/5/1936, to 12/10/1936.

I last saw deceased alive on 12/10/1936. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Paralytic ileus
Intestinal obstruction

Date of onset

12/2/36

12/6/36

12/5/36

Other contributory causes of importance:

cardiac failure due to
toxemia

Was an operation performed? Yes Date of 12/5/36

For what disease or injury? Intestinal obstruction

What test confirmed diagnosis? Question Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Bernard, M.D.

(Address) Sinai Hospital

EC 11 1938

Stanton Nathan, M.D.

state CAUSE OF DEATH in plain terms on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

29922

HEALTH DEPARTMENT—CITY OF BALTIMORE 29922

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *87* *Washington* St. *6-4* Ward)Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *28* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *87* *Washington* St., *6-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Bessie*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *12-10-36*7. AGE *64* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Traveling Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *066*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Isaac*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Bessie Roseman*
(Address) *87 Wash St*18. BURIAL, CREMATION, OR REMOVAL
Place *Herring Run* Date *12/13/36*19. UNDERTAKER *Paul Roseman*
Address *1918 E. North Ave*

DEC 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-10-36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Roseman* M. D.(Address) *1918 E. North Ave* Coroner*Huntington Mills, MD*

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 29923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2561 Frederick Ave. St. 20-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Bopp.

(a) Residence: No. 2561 Frederick Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Marie A. Bopp

6. DATE OF BIRTH (month, day, year) Jan. 2, 1871

7. AGE 65 Years 11 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice & Coal - Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Bopp

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Horst

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Marie A. Bopp

(Address) 2561 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 13, 1936

19. UNDERTAKER Charles J. Schuyb

(Address) 505 N. Monroe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 to Dec 9 1936

I last saw him alive on Dec 7 1936 Death is said

to have occurred on the date stated above, at 2:58 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Myocarditis

Other contributory causes of importance:

Acute Cardiac Debat 1 day

Was an operation performed? Yes Date of Aug 36

For what disease or injury? Diabetes Mellitus

Name of operation Amputation Date of Aug 36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Glusman M. D.

(Address) 753 W. Fayette St.

Date of onset

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state CAUSE OF DEATH in plain text. See instructions on back of certificate.

DEC 11 1936

at Huntington Williams, Md.

29924

HEALTH DEPARTMENT—CITY OF BALTIMORE 29924

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hospital 15-1 Ward)

Length of residence in city or town where death occurred *Life* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EARL COPPER

(a) Residence: No. 1506 PRESTMAN

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No. 122-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 6. DATE OF BIRTH (month, day, year) <i>Aug 10 - 1896</i> | | |
| 7. AGE <i>40</i> | Years <i>3</i> | Months <i>29</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Butler</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> |
| 13. NAME <i>John S. Copper</i> |
| 14. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> |
| 15. MAIDEN NAME <i>Mary Woodland</i> |
| 16. BIRTHPLACE (city or town) (State or country) <i>Maryland</i> |

| |
|--|
| 17. INFORMANT <i>Estelle Myers</i> (Address) <i>1506 Prestman</i> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Arbitary Ground</i> Date <i>Dec 13, 1936</i> |

| |
|---|
| 19. UNDERTAKER <i>T. Q. Brooks</i> (Address) <i>1463 N. Carey St</i> |
|---|

| |
|---------------------------------|
| 20. FILED <i>DEC 11 1936</i> |
|---------------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-9-36*22. I HEREBY CERTIFY, That I attended deceased from *11-6* 19 *36* to *12-9* 19 *36*I last saw him alive on *DECEMBER 9, 1936* Death is said to have occurred on the date stated above, at *4:30 AM*

The principal cause of death and related causes of importance were as follows:

SICKLE CELL ANEMIA
CRISIS

Date of onset

12-8-36

Other contributory causes of importance:

Was an operation performed? *YES* Date of *11-6-36*For what disease or injury? *BIL. ENDOCRINAL NIDENIA*
CYSTOSCOPIC EXAMINATION 12-8-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. S. Chambers Jr.* M. D.(Address) *University Hospital*

29925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-28 29925

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Edmondson Avenue St. 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wirt Neale, Jr.

If U.S. Veteran

specify WAR

(a) Residence: No. 4616 Edmondson Avenue St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, year) July 14th 1916

7. AGE Years 20 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) Relay, Md. (State or country)

13. NAME William Wirt Neale, Sr.

14. BIRTHPLACE (city or town) Bowlers Wharf, Va. (State or country)

15. MAIDEN NAME Grace Stupp

16. BIRTHPLACE (city or town) Brunswick, Md. (State or country)

17. INFORMANT Mrs Grace L. Neale (Address) 4616 Edmondson Avenue.

18. BURIAL, CREMATION, OR REMOVAL Place Bowlers Wharf, Va. Date Dec 12th 1936

19. UNDERTAKER (Address) Wm J. Dickner & Sons No 1017 Pa Ave.

20. FILED

DEC 11 1936

Huntington Avenue, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936 to Dec 9 1936

I last saw him alive on Dec 4 1936 Death is said

to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

Streptococcus Viridans Septicemia about May 1936

Other contributory causes of importance Chronic Bacterial Endocarditis ?

Was an operation performed? No

Date of

For what disease or injury? None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury --- 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 4000 Edmondson Ave

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 29926 HEALTH DEPARTMENT—CITY OF BALTIMORE 29926

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St., *76-9* Ward)

Length of residence in city or town where death occurred *6* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Richard Lachner*

(a) Residence: No. *706 S. Dean* St., *76-9* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. *89-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 8, 1930*

7. AGE Years *5* Months *9* Days *-* If LESS than 1 day, *-* hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)

13. NAME *Harry Lachner*
14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)

15. MAIDEN NAME *Josephine Planka*
16. BIRTHPLACE (city or town) *Maryland*
(State or country)

17. INFORMANT *Josephine Lachner*
(Address) *706 S. Dean St*

18. BURIAL, CREMATION, OR REMOVAL
Place *Barry Heart* Date *Dec 12, 1936*

19. UNDERTAKER *Lilly & Jailer Inc.*
(Address) *405 N. Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 8, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2, 1936* to *Dec 8, 1936*

I last saw him alive on *Dec 8, 1936* Death is said to have occurred on the date stated above, at *1:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Septic media, left Pneumococcus meningitis

Date of onset *12-1-36*
12-7-36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *spinal puncture* Date of *No.*
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If no, specify

Tracy J. Schwacher M.D.
(Address) *Sydenham Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

REC'D 11 1936 *Ernest Williams, M.D.*

29927

HEALTH DEPARTMENT—CITY OF BALTIMORE

29927

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-2 Ward)Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Charles Elgert(a) Residence: No. 615 S. Curley St. St. 1 Ward. (If non-resident give city or town and State)H. U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of Barbara
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-23-18617. AGE Years 75 Months 3 Days 16 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME John Elgert14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Katherine ?16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak LawnDate Dec 12, 193619. UNDERTAKER Lilly & Freiler Inc.
(Address) 403 S. Wolfe St.

20. FILED

DEC 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9, 193622. I HEREBY CERTIFY, That I attended deceased from 2-17, 1935 to 12-9, 1936I last saw him alive on 12-9, 1936 Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus

Date of onset

6 m

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) John L. Rainey M. D.
Address Baltimore City Hospital

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Robinson St., Ward 7-1)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 615 N. Robinson St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Blecha

6. DATE OF BIRTH (month, day, year) June 1858

7. AGE Years 78 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. J. Gill (Address) 615 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 5301 Park Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/36

22. I HEREBY CERTIFY. That I attended deceased from 12/1/36 to 12/1/36

I last saw him alive on 12/1/36 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Other contributory causes of importance: Aortic Aneurysm Dissection

Was an operation performed? No Date of

For what disease or injury? 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. G. M. D. 8007 Patterson Park Ave

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

DEC 11 1936

Information should be carefully supplied in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 29929 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 Franklin Ave St. 20 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 246 Franklin Ave St. 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 107a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28th 18807. AGE Years 56 Months 0 Days 17 If LESS than 1 day, 00 hrs. or 50 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer (House)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) Baltimore (State or country) Ind13. NAME Robert Sunstrom14. BIRTHPLACE (city or town) Baltimore (State or country) Ind15. MAIDEN NAME Margaret M. Lee16. BIRTHPLACE (city or town) Baltimore (State or country) Ind17. INFORMANT Mark Sunstrom (Bro) (Address) 934 Brooks Lane18. BURIAL, CREMATION, OR REMOVAL Placed in Olivedale Date Dec 12, 193619. UNDERTAKER Chas P Towell (Address) 2721 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Broncho Pneumonia Date of onset 3 weeks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas H. Phillips M. D.
Coroner(Address) 1939 Edmondson Ave

Information should be carefully supplied. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified.

DEC 11 1936

✓ F 29930 HEALTH DEPARTMENT—CITY OF BALTIMORE 18010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-12 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME James Garden Calan Kuman us. Padas Zakradka If U.S. Veteran specify WAR

(a) Residence: No. 148 N. Lakewood Ave. St. ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced, (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 5/31/1893

7. AGE 43 Yrs 7 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME James Garden

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Teeney

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Morland Rd. Dec 12, 36

19. UNDERTAKER (Address) J. H. Miller 2433-35 E. Calver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1936

22. I HEREBY CERTIFY. That I attended deceased from 12-18 1936 to 12-9 1936

I last saw him alive on 12-9 1936 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset 6 mo.

Other contributory causes of importance:

Was an operation performed? yes Date of 8-1-36

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Boyer M. D. (Address) Balt. City Hosp.

EC 1-1936

29931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Mt. Clare St., 18-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James M. Wilson

If U. S. Veteran

specify WAR

(a) Residence: No. 114 Mt. Clare St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1890

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

45

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md

FATHER

13. NAME

John Hansberry

14. BIRTHPLACE (city or town) (State or country)

Balto Md

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Balto Md

17. INFORMANT

(Address)

J. H. G. Ginn

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Dec 12, 1936

19. UNDERTAKER

(Address)

J. H. G. Ginn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 10, 1936.

I last saw him alive on Dec 10, 1936. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Date of onset

12/8/36

Other contributory causes of importance:

None.

Was an operation performed? No.

Date of

For what disease or injury?

What test confirmed diagnosis?

Chest

Was there an autopsy? No

23. If death was due to external causes (violence) or in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. G. Ginn, M. D.
888 N. Lombard St.

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

EC 11 1936

F 29932 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Benson Ave. St. 25-1 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Farrell

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3401 Benson Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Farrell

6. DATE OF BIRTH (month, day, year) August 26, 1840

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 96 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. James J. Farrell (Address) 3401 Benson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Cathedral Cem. December 18, 1936

19. UNDERTAKER Joseph H. Hook (Address) 1003 N. Baltimore St.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 14, 1936, to Dec 7, 1936

I last saw him alive on Dec 9, 1936. Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

Renal arteriosclerosis (Lunatic)

Date of onset

Years

Other contributory causes of importance:

Exhaustion "Pneumia Cerebra" —

6 days

operation performed? no Date of

What disease or injury? no

What test confirmed diagnosis? G. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 804 Cathedral St.

29933

BEAVERS F 29933
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 Stockland St. 540-6 Ward)Registered No. 94-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Agnes Beavers
(a) Residence: No. 3136 Stockland St. St. 540-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of O. M. Beavers
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 1, 18877. AGE Years 49 Months 11 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 12/11/36 11. Total time (years) spent in this occupation 2212. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Edward M. Beavers14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary L. Beavers16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT O. M. Beavers
(Address) 3136 Stockland St.18. BURIAL, CREMATION, OR REMOVAL 12/14/3619. UNDERTAKER George A. Taylor
(Address) 1214 N. Broadway20. FILE 11336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 193622. I HEREBY CERTIFY That I attended deceased from Feb 13 1934 to December 10 1936I last saw her alive on December 10 1936 Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Chronic 1932
Coronary Embolus. 12/9/36

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Physical Was there an autopsy No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Edith W. Johnson M. D.(Address) 3432 Madison Ave

29934

F/29934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 5233 Demore Ave ST. 27-18 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Frank Clarke

(a) RESIDENCE. NO.

5233 Demore Ave

ST.

WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

Male Colored Married
5a If married, widowed or divorced
HUSBAND of Mrs Jane E. Clarke
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

1859

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.77

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Labour

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Ind

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Sarah Boumay

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ind

14 Informant (Address)

Jane E. Clarke
5233 Demore Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1936

17

I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1936, to Dec 9, 1936.that I last saw him alive on Nov 7, 1936.and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myocarditisover(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

Senility(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no

Date of

Was there an autopsy? no

What test confirmed diagnosis?

Clinical(Signed) Charles J. Wells M. D.19 (Address) 5276 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Ind Pleasant City 12-13 1936

20 UNDERTAKER

George T. A. Wilson

ADDRESS

5233 Demore Ave

Exact statement of occurrence. See instructions on back of certificates.

C 11 1936

29935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29935

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 9-6*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Kate Byrnes*(a) Residence: No. *1926 E. 31st*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-------------------------|----------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *Oct 14-18 53*

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
| | <i>83</i> | <i>1</i> | <i>26</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Penn.*13. NAME *Miles Byrnes*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Ann Murphy*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. E. Schrag*(Address) *1926 E. 31st St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Resurrection Sem.* Date *12/12* 19 *36*19. UNDERTAKER *John G. Brown*(Address) *320 E. Baltimore*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 10, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 25* 19 *36* to *Dec 10* 19 *36*I last saw her alive on *Dec 10, 1936* Death is said to have occurred on the date stated above, at *6⁵³ A*

The principal cause of death and related causes of importance were as follows:

Carcinoma Sigmoid Colon

Date of onset

*Intestinal Obstruction**2 wk*

Other contributory causes of importance:

Was an operation performed? *yes* Date of *11/25/36* andFor what disease or injury? *12/17/36**Ca of Sigmoid + intestinal Obstruction*What test confirmed diagnosis? *Operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *—* 19 *—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *A. Austran*

M. D.

(Address) *St. Joseph's Hospital*

state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

C 11 1936

N

F. 29936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3615 Second* St., *Brooklyn* *23rd* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *8* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Stumpf(a) Residence: No. *3615 Second* St., *Brooklyn* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Christina Stumpf*

6. DATE OF BIRTH (month, day, year)

Mar 22 - 1876

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*60**8**18*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as *planner*,
sawyer, bookkeeper, etc.*Bookkeeper*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation*20 1/2*12. BIRTHPLACE (city or town)
(State or country)*Balto*
Md.

FATHER

13. NAME

*John Stumpf*14. BIRTHPLACE (city or town)
(State or country)*Md.*

MOTHER

15. MAIDEN NAME

*Louise Byler*16. BIRTHPLACE (city or town)
(State or country)*Md.*

17. INFORMANT

Mrs. Christina Stumpf

(Address)

3615 Second St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Graceland Hill* Date *12/12/36*

19. UNDERTAKER

J. Fur M. Guly

(Address)

130 E. Fort

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 10, 1936*22. I HEREBY CERTIFY. That I attended deceased from
Feb. 11, 1935 to *Dec. 10, 1936*last saw him alive on *Dec. 10, 1936* Death is said
to have occurred on the date stated above, at *3 1/2* m.The principal cause of death and related causes of
importance were as follows:

Tuberculous Pneumonia

Date of onset

Dec.
3,
1936

Other contributory causes of importance:

Pulmonary tuberculosis

Feb.
11th, 1935

Name of operation - - -

Date of

What test confirmed diagnosis? *p.f.* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Harry Deibel

M. D.

(Address) *1224-1226 Hanover St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 11 1936

F 29937

29937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Gwynns Falls Pkwy. 134 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran

specify WAR

2. FULL NAME Bertha Kaufman.

(a) Residence: No. 1705 Gwynns Falls Pkwy. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of Gustave Kaufman. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9-1857

7. AGE Years 79 Months 11 Days 2 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, hank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos L. Wasserman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia Rothschild.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sidney Kaufman. 1705 Gwynns Falls Pkwy (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Cem Dec 13, 1936

19. UNDERTAKER J Ahrens Co. 2432 Reisterstown Rd. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Dec. 11, 1936

I last saw him alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

as myocardial infarction 2 yr

Other contributory causes of importance:

arteriosclerosis - 1924 coronary thrombosis Jan 1935

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1810 E. W. Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 11 1936

29938

HEALTH DEPARTMENT—CITY OF BALTIMORE F. 29938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 5-1 St., 2 unknown Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Glenn Frankcurn

H. U. S. Veteran

specify WAR

yes(a) Residence: No. no Residence St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced HUSBAND of unknown (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

June 16-1894
Nov 16 18947. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Boon, Carter Co
Tenn.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Rose

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Warden W. H. Harkness
Lessons med

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabeth Tenn Date 12/11 1936

19. UNDERTAKER

Robert Brooks Olson
Calhoun & Hallam st20. H. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above. 40.2

The principal cause of death and related causes of importance were as follows:

Alcoholism & exposure.

Date of onset

Other contributory causes of importance: -Was an operation performed? no Date of -

For what disease or injury?

Name of operation alcohol Date of -What test confirmed diagnosis? alcohol Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Phillips M. D.(Address) 1939 Edmondson

1936

F 29939

F 29939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1810 N. Gilmore* St. *15* Ward)Length of residence in city or town where death occurred yrs. mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Pallard Rd* St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *54* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) *6/1936* 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) (State or country) *Mackinburg Va.*13. NAME *Louis Fields* 14. BIRTHPLACE (city or town) (State or country) *Mackinburg Va.*15. MAIDEN NAME *Unknown* 16. BIRTHPLACE (city or town) (State or country) *Mackinburg Va.*17. INFORMANT *Hospital Records* (Address) *Balto Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Ellicott City, Md.* Date *12.15* 193619. UNDERTAKER (Address) *Wm. H. Hinchelbourn Jr.* *Ellicott City Md.*20. REGISTRAR *Wm. H. Hinchelbourn Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-11-1936*22. I HEREBY CERTIFY, That I attended deceased from *12-5-1936* to *12-11-1936*I last saw h. alive on *12-10-1936* Death is said to have occurred on the date stated above, at *2:20* A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Other contributory causes of importance:

Arteriosclerosis
*Myocardial Insuff.*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Histology* Date ofWhat test confirmed diagnosis? *Autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis C. Harmon* M. D.(Address) *2346 Madison Ave.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

C 11 1936

29940

19045

F 29940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth EvansIf U.S. Veteran
specify WAR(a) Residence: No. 139 S. Potomac St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Gwillyn
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-25-18867. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 10 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wales
(State or country)13. NAME William Hooper14. BIRTHPLACE (city or town) Wales
(State or country)15. MAIDEN NAME Mary Davis16. BIRTHPLACE (city or town) Wales
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Dan Town Date 12/14/3619. UNDERTAKER
(Address) 1217 St. Paul St.
Huntington Williams, Jr.

C 11 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 193622. I HEREBY CERTIFY, That I attended deceased from 11-28, 1936 to 12-10, 1936I last saw her alive on 12-10, 1936 Death is said to have occurred on the date stated above, at 7 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

Benign fibroids of uterus
causing urinary obstructionDate of onset
3 mos.

Other contributory causes of importance:

bronchopneumonia
pyelitisDate of onset
3 daysWas an operation performed? yes Date of 12-5-36For what disease or injury? Fibroids of uterusWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Wm. Hooper
Balt. City Hosp.

M. D.

F 29941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *616 Woodbourne Ave* St. *7* Ward) *94-B*Length of residence in city or town where death occurred *5* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Chincoteague* St. *4* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John P. Hill*6. DATE OF BIRTH (month, day, year) *Aug 31, 1857*7. AGE Years *85* Months *3* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Chincoteague* (State or country) *Pa*13. NAME *William Theobald*14. BIRTHPLACE (city or town) *Chincoteague* (State or country) *Pa*15. MAIDEN NAME *Betsy Ross*16. BIRTHPLACE (city or town) *Chincoteague* (State or country) *Pa*17. INFORMANT *Henry Beck* (Address) *46 Woodbourne Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Chincoteague* Date *Dec 12, 1936*19. UNDERTAKER (Address) *1217 27th St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 27*, 19*36*, to *Dec 11*, 19*36*I last saw him alive on *Dec 11*, 19*36* Death is said to have occurred on the date stated above, at *9:10 AM*

The principal cause of death and related causes of importance were as follows:

Cowdria Cellulosa

Date of onset

Nov 27

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harmon Gering* M. D.(Address) *1900 Eastern Ave.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 11 1936

Huntington Williams, Jr. Registrar

29942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys P. Cote

(a) Residence: No. 5724 Byron St. Chicago, Ill., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------------|---|
| 3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|-------------|-----------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14, 1907

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 29 | 10 | 27 | |

| | | |
|------------|---|--------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Dancer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Max Halperin |
| | 10. Date deceased last worked at this occupation (month and year) | Dec. 8/36 |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Massachusetts
(State or country)

13. NAME Adelord J. Cote

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Marie Brodeur

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Eugene B. Cote
(Address) 8705-89th Ave. New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago, Ill. Date 12/11/36

19. UNDERTAKER
(Address) 1217 1/2 St. N. W. Washington, D. C.

20. FILER 11-1336

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple
Lacerations
Body & leg & arm
Gas Gangrene

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in the following: Accidents, suicide, or homicide? Date of injury 12/8/36

Where did injury occur? Supposedly
Specify whether injury occurred in industry, home, or in public place Public PlaceManner of injury Laceration by
Nature of injury from Laceration

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. C. C. C.

Coroner

M. D.

2757 A. Mont

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 11-1336

29943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Thos Hopkins Hosp* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *Eastern Ave. Rd. + 52nd St.* Ward. *Baltimore*
(Usual place of abode) (If non-resident give city and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 12 - 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 *3* *29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Co.*
(State or country) *md.*13. NAME *Bernard C. Williams*14. BIRTHPLACE (city or town) *Balto*
(State or country) *md.*15. MAIDEN NAME *Anna Loubach*16. BIRTHPLACE (city or town) *Balto*
(State or country) *md.*17. INFORMANT *Mr. Bernard C. Williams*
Address *Eastern Ave Rd + 52nd St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn* Date *12/10/1936*19. UNDERTAKER *Thos G. Connolly*
(Address) *Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11 - 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* (Impromptu Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Statis Medis
Enteritis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul M. Mearns* Coroner(Address) *1919 E. North Ave*

M. D.

11-1936

Registrar

29944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F/ 29944

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MOUNT HOPE RETREAT St. 28-1 Ward) BALTIMORE, MARYLAND

Length of residence in city or town where death occurred 20 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daniel B. Duan

(a) Residence: No. MOUNT HOPE RETREAT St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 21 - 1883

7. AGE Years 52 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grassy Point (State or country) N.Y.

13. NAME Thomas Duan

14. BIRTHPLACE (city or town) Nyack (State or country) N.Y.

15. MAIDEN NAME Honora Butler

16. BIRTHPLACE (city or town) Tompkins Cove (State or country) N.Y.

17. INFORMANT M. H. C. C. C. (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Haverhill N.Y. Date Dec 11/36

19. UNDERTAKER (Address) 108 W. 11th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1936

22. I HEREBY CERTIFY That I attended deceased from April 1928 to Dec 11, 1936

I last saw him alive on Dec. 11 - 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Dementia Precox 20 yrs
Chronic interstitial Nephritis 6 yrs

Other contributory causes of importance:

Hematuria 3 days
Carcinoma of left testicle ?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) D. M. P. Aloia, D.

(Address) 336 Frederick St.

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY THE JURY, TO BE WRITTEN ON BACK OF CERTIFICATE. OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

C 11 1936

Huntington Williams, D.

F 29945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29945

CERTIFICATE OF DEATH

✓ 161a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wd. Gen. Harp. St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME

Baby Bay Young

If U.S. Veteran specify War _____

(a) Residence: No. 1320 W 4th St.

St., _____

Ward. 13-8

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12-10-367. AGE Years _____ Months _____ Days (1) If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balta (State or country) _____13. NAME Charles Young14. BIRTHPLACE (city or town) Balta (State or country) _____15. MAIDEN NAME Ethel Young16. BIRTHPLACE (city or town) Balta (State or country) _____17. INFORMANT Harp Reeds (Address) _____18. BURIAL, CREMATION, OR REMOVAL buried Date Dec 12 193619. UNDERTAKER A. S. Marshall (Address) 3539 Falls Rd20. FILED C 12 1936Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-3622. I HEREBY CERTIFY, That I attended deceased from 12-10-36, 1936, to 12-11-36, 1936I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, 5:26 p. m.

The principal cause of death and related causes of importance were as follows:

Baby bay young
atelectasis

Date of onset _____

Other contributory causes of importance:

FebrileWas an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? no Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. P. Skyles(Address) Wd. Gen. Harp

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19229

F 29946

29946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward) ✓ 94BLength of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Golden(a) Residence: No. 608 W. 34th St.St. Ward. 13-6
(If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <u>F</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 3a. If married, widowed, or divorced HUSBAND of <u>Jacob</u> (or) WIFE of <u>Jacob</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>9-7-1871</u> | | |
| 7. AGE <u>65</u> | Years <u>3</u> | Months <u>3</u> Days <u>3</u> If LESS than 1 day, <u> </u> hrs. or <u> </u> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>6037</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u> </u> | |
| | | 11. Total time (years) spent in this occupation <u> </u> |

12. BIRTHPLACE (city or town) Pa.
(State or country)

| | |
|--------|--|
| MOTHER | 13. NAME <u>James O'Leary (Dead)</u> |
| | 14. BIRTHPLACE (city or town) <u>Pa.</u> (State or country) |
| | 15. MAIDEN NAME <u>Ruth Golden (Dead)</u> |
| | 16. BIRTHPLACE (city or town) <u>?</u> (State or country) |

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Chenoweth
(Address) 3615 17th St. N.W.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-193622. I HEREBY CERTIFY, That I attended deceased from
12-4-1936 to 12-10-1936I last saw him alive on 12-10-1936 Death is said
to have occurred on the date stated above, at 7:30 p.m.The principal cause of death and related causes of
importance were as follows:Coronary ThrombosisDate of onset
1 wk

Other contributory causes of importance:

Was an operation performed? no Date of For what disease or injury? What test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John L. Kamey
Baltimore City Hospitalstate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

EC 12 1936

F 29947

F 29947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Arunah Ave. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lorelei Meinhardt

If U. S. Veteran

specify WAR

(a) Residence: No. 2512 Arunah Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Walter P. Meinhardt (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1895.

7. AGE 41 Years 8 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME O. P. Steinwald

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Annaigner

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Walter P. Meinhardt (Address) 2512 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Dec. 12, 1936

19. UNDERTAKER

Harry F. Lutzke (Address) 101 E. Madison Ave. 12-1936 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Dec 10/36 19

I last saw her alive on Dec 10/36 19 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast - 4/11/36 Date of onset

Other contributory causes of importance:

Carcinoma of left breast (NO) X Ray & Radium 4/11/36

Was an operation performed?

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Walter Stibbitt 2220 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hosp.*CITY OF BALTIMORE: *No. 1000 Caton Ave.* St., *27-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Emma L. Kemp*(a) Residence: No. *521 Orkney Road* St., *27-8* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 27-1874*7. AGE Years Months Days If LESS than
62 yrs. *1* *14* I day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Md*
(State or country)13. NAME *Richard C. Kemp*14. BIRTHPLACE (city or town) *Md*
(State or country)15. MAIDEN NAME *Mary Jane Adams*16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *Jenkins Memorial Hosp.*
(Address) *1000 Caton Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Private Catholical Date *12/14/36*19. UNDERTAKER *Edmund H. Wylie*
*4101 Edmondson Ave.**Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 11, 1936*22. I HEREBY CERTIFY, That I attended deceased from *July 1, 1936* to *December 11, 1936*I last saw him alive on *December 10, 1936* Death is said to have occurred on the date stated above, at *12:54* p.m.

The principal cause of death and related causes of importance were as follows:

Osteitis Deformans
*Cardio-Vascular Failure*Date of onset
1934
12-8-36

Other contributory causes of importance:

*Cachexia*Name of operation *None*

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Louis H. Lavellyn* M. D.(Address) *St. Agnes Hospital*

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 12 1936

29950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29950

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Bolton St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth N. Stack

If U. S. Veteran

specify WAR

(a) Residence: No. 1417 Bolton St., St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Joseph D. Stack
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1867

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 69 | 5 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

13. NAME Maurice Neville

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Welsh

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Joseph D. Stack
(Address) 1417 Bolton St.18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cemetery Date 12/14/3619. UNDERTAKER H. W. Mearns & Son
805 N. Calvert St.

12-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 5-1936 to Dec 11, 1936

I last saw her alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Myocarditis
Atherosclerosis
Hypertension
Cerebral embolus

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly entered. See instructions on back of certificate. OCCUPATION is very important.

29951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29951

131

1. PLACE OF DEATH *South Baltimore General Hosp.*
CITY OF BALTIMORE: (No. *71* St., *1* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
If U. S. Veteran specify WAR _____

2. FULL NAME *Charles Conway*
(a) Residence: No. *914* *Burgundy* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *1876*
7. AGE Years *60* Months _____ Days _____ If LESS than 1 day, _____ hr. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Light Watchman* 9. Industry or business in which work was done, as silk mill, bank, etc. *Freelance Contractor* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

FATHER 13. NAME *George T Conway* 14. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

MOTHER 15. MAIDEN NAME *Pauline Kahler* 16. BIRTHPLACE (city or town) *Germany* (State or country) _____

17. INFORMANT *Mrs Julia A Magnifico Sister* (Address) *2323 Greenmount Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Landon Park* Date *Dec 12, 1936*

19. UNDERTAKER *Colm T Denny* (Address) *715 Light St*

20. REGISTRAR *Thurston Wilson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/10, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *11-28, 1936* to *12/10, 1936*

I last saw him alive on *12/10, 1936* Death is said to have occurred on the date stated above, at *5 p.m.*

The principal cause of death and related causes of importance were as follows:
Hypertensive Cardio-Vascular Renal Disease
Uremia

Date of onset
?
?

Other contributory causes of importance: _____

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) *Louis J. Krall* M. D.

(Address) *South Baltimore Gen. Hosp.*

DEC 12 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29952

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29952

CERTIFICATE OF DEATH 82B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph's Hospital 8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *9* mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mrs Catherine Kipp*(a) Residence: No. *1228 N. Washington St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
~~HUSBAND~~
 (or) WIFE of *Charles Elias Kipp*

6. DATE OF BIRTH (month, day, year) *March 1st 1885*

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>51</i> | <i>9</i> | <i>11</i> | <i>0</i> |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*

10. Date deceased last worked at this occupation (month and year) *Dec 1936*

11. Total time (years) spent in this occupation *18*

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *John Emkey*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Anna Elizabeth Venker*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Mr Charles E. Kipp*
(Address) *1228 N. Washington St.,*

18. BURIAL, CREMATION, OR REMOVAL

Place *Swartz Cemetery* Date *Dec 14th* 19 *36*19. UNDERTAKER *Wm J. Lickner & Sons*
(Address) *704 E. Ave*20. FILED *12-19-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 11* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 4* 19 *36* to *Dec 11* 19 *36*I last saw her alive on *Dec 11* 19 *36* Death is said to have occurred on the date stated above, at *7⁴⁵ p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Branchopneumonia

Date of onset

*Nov 1**Dec 8th*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *find post-mortem* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. Austram* M. D.(Address) *St Joseph's Hospital*

29953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29953

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*CITY OF BALTIMORE: (No. *12-7*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. *1* mos. *7* da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Mr. Edward Edge*(a) Residence: No. *Darlington Md.*
(Usual place of abode)

St.,

Ward, *Darlington, Md.*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Elizabeth W. Ellicott Edge*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 3 1858

7. AGE

Years *78*Months *9*Days *7*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Retired*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Darlington**Md.*

FATHER

13. NAME

Joseph Edge

MOTHER

15. MAIDEN NAME

*Mary Smith*16. BIRTHPLACE (city or town)
(State or country)*Penna.*

17. INFORMANT

Mrs. Elizabeth W. E. Edge

(Address)

Darlington Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Darlington Md.

Date

*Dec. 13**36*

19. UNDERTAKER

(Address)

Rev. J. L. Thompson
2700 Pa Ave
Darlington Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 10*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from
Nov 3, 19 *36*, to *Dec 10*, 19 *36*I last saw him alive on *Dec 10*, 19 *36* Death is said
to have occurred on the date stated above, at *6 35* p.m.The principal cause of death and related causes of
importance were as follows:*Chronic myocarditis*
Arteriosclerosis

Date of onset

11/3/36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Robert Oliver

M. D.

(Address)

*Union Memorial Hospital.*state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

C 12 1936

F 29954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ralph E. Parsons

If U. S. Veteran

specify WAR

(a) Residence: No. Pittsville Md. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anna Parsons (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years 48 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Dec. 4, 1930 11. Total time (years) spent in this occupation 0066

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Daniel Parsons

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Lillian Dennis

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Anna Parsons (Address) Pittsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pittsville Md. Date Dec 14, 1936

19. UNDERTAKER H. J. Johnson (Address) Salisbury Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1930 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of 5&6 Cervical Vertebrae

Other contributory causes of importance:

Was an operation performed? Yes Date Dec. 7, 1930

For what disease or injury? Fracture of Vertebrae

Name of operation Open Reduction Date of operation Dec. 7

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident Dec. 4, 1930

Accident, suicide, or homicide Dec. 4, 1930

Where did injury occur? Pittsville Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Scaffold

Nature of injury Fracture 5&6 Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. Johnson M. D.

(Address) 2757 W. 12th St.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 12-1936

Huntington Williams, Md.

F 29955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29955

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Vincent St. St. 19-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Isabella R. Mahn

If U. S. Veteran

specify WAR

(a) Residence: No.

229 S. Vincent St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Late Charles R. Mahn
(or) WIFE of

c. DATE OF BIRTH (month, day, year)

1872.

7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME McKeige14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT

(Address)

Mr. Charles E. Mahn,
3415 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon ParkDate Dec. 12, 1936

19. UNDERTAKER

(Address)

Harvey S. Witzke
4101 Edmondson Ave.

20. DATE OF DEATH

Dec. 12, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936 to Dec 11, 1936I last saw her alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis.

Date of onset

17 Jan

Other contributory causes of importance:

None.Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Aspirin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Chas. Vorkan,
888 N. Lombard St.

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

322415-

HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29956

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Estelle Monroe

If U.S. Veteran specify WAR

(a) Residence: No. 1823 Mulliken St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec. 30/31

7. AGE

5-

Months

1

Days

11

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MD -

FATHER

13. NAME

Harry Cornish

14. BIRTHPLACE (city or town) (State or country)

MD -

MOTHER

15. MAIDEN NAME

Estelle Monroe

16. BIRTHPLACE (city or town) (State or country)

MD -

17. INFORMANT

Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date Dec 12 36

19. UNDERTAKER

Chas. A. Wilson

(Address)

1000 Brantley Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 10 1936 to Dec 11 1936

I last saw her alive on Dec 11 1936 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

meningococcus Septicemia and meningococcus Meningitis

Date of onset Dec 9-36

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James H. Saville

Johns Hopkins Hospital

M. D.

C 12 1936

F 29957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital*, St. *7-5* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *La Plata* St. Ward. *Md.*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male *white* *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 4, 1906

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*30**8**7*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Printer

12. BIRTHPLACE (city or town) (State or country)

La Plata

FATHER

13. NAME

Charles H. Stonestreet

14. BIRTHPLACE (city or town)

La Plata

MOTHER

15. MAIDEN NAME

Carrie Liggins

16. BIRTHPLACE (city or town)

La Plata

17. INFORMANT

Charles H. Stonestreet

(Address)

La Plata, Md.

18. BURIAL, CREMATION, OR REMOVAL

Date *12/13/36*

19. UNDERTAKER

Lynn W. Ryan

(Address)

Waldorf Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 11*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Interstitial Nephritis
(Origin undetermined)

Other contributory causes of importance:

Uremia

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Chemical*Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul M. Sherry

Coroner

M. D.

(Address)

1919 E. North Ave

Registrar

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 12 1936

29958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29958

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Madison Ave St. 14-3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ealella Gladden

(a) Residence: No. 2000 Madison Ave St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR +

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hermon Gladden

6. DATE OF BIRTH (month, day, year) Jan 10th

7. AGE Years 21 Months 11 Days 1 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Ind.

13. NAME Ernest Aite 14. BIRTHPLACE (city or town) va. (State or country)

15. MAIDEN NAME Ida Johnson 16. BIRTHPLACE (city or town) va. (State or country)

17. INFORMANT Ida Aite (Address) 2000 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date 12/12 1936

19. UNDERTAKER Archibald C. Gladden (Address) 2101 W. 4th St.

20. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 12-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1936, to 12-11 1936

I last saw him alive on 12-10 1936. Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Other contributory causes of importance:

Same.

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ____

(Signed) Huntington Williams M. D. (Address) 611 N. Caroline

Date of onset

when

when

when

when

when

when

when

when

when

when

when

when

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

320314
29959

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 29959

CERTIFICATE OF DEATH

54E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 17-1 St., 17-1 Ward)
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Julia Butler
(a) Residence: No. 5-45-4-Lansdowne St., 17-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>Black</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>9/18/87</u> | | |
| 7. AGE <u>49</u> | Years <u>2</u> | Months <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>maid</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0070</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u> | | |
| 13. NAME <u>Rich. Grattis</u> | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>MD -</u> | | |
| 15. MAIDEN NAME <u>Julia Robinson</u> | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>MD -</u> | | |

17. INFORMANT Reeds -
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place N. Ashbury Cemetery Date 12/12, 1936
19. UNDERTAKER Archibald J. Maddis
(Address) 8101 McCallister St.

12-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct-22, 1936 to Dec-10, 1936
I last saw her alive on Dec-10, 1936 Death is said to have occurred on the date stated above, at 9 25 m.

The principal cause of death and related causes of importance were as follows:

Myxomatous tumor of left atricle of heart

Date of onset

Aug. '36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Palmer Howard Johnson, M. D.

(Address) Johns Hopkins Hospital

29960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29960

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Homestead St., 4-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 22 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1355 Homestead St., 4-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of Dietrich Stallfort6. DATE OF BIRTH (month, day, year) Nov 7 18487. AGE 88 Years 1 Months 3 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) Nov 7 1848 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Germany (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Miss Wilhelmina Dietrich (Address) 1355 Homestead St18. BURIAL, CREMATION, OR REMOVAL London Pl Date 12/12/3619. UNDERTAKER Philip Houbig (Address) 2016 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 193622. I HEREBY CERTIFY, That I attended deceased from November 30, 1936 to Dec 10, 1936I last saw her alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

7 mo

Other contributory causes of importance:

arteriosclerosis40Was an operation performed? no Date of noFor what disease or injury? noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Charles H. Hoff M. D.(Address) 2020 N. Charles

C 12 1936

Attest: J. Williams, Jr. Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

29961 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balti City Hsp* St., *6-3* Ward)Length of residence in city or town where death occurred *1860* yrs. *1860* mos. *1860* ds. How long in U. S. If of foreign birth? *1860* yrs. *1860* mos. *1860* ds.

2. FULL NAME

(a) Residence: No. *2221 Jefferson* St., *6-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Richard Deisler* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 4/1855*7. AGE Years *81* Months *0* Days *7* If LESS than 1 day, *7* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Henry Windermuth*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Windermuth*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Henry Deisler* (Address) *2221 Jefferson St.*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *12/14/36*19. UNDERTAKER *Philip Herbig & Son* (Address) *2016 Baltimore St.*20. FILED *12/14/36* Registrar *12/14/36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hyphostate pneumonia

Other contributory causes of importance:

Fracture left femur

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or *accident* Date of injury *Nov 11, 1936*Where did injury occur? *Baltimore* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *tripped over rug*Nature of injury *fracture left femur*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *J. M. Wright* M. D.(Address) *1010 S. Second Ave*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29962

F 29962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Montford St. Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 227 N. Montford St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Frank S. Richardson (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 10-18807. AGE Years 56 Months 2 Days 0 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Oliver Chambers14. BIRTHPLACE (city or town) md (State or country)15. MAIDEN NAME Rebecca J16. BIRTHPLACE (city or town) md (State or country)17. INFORMANT William J. Simpson (Address) 227 N. Montford Ave18. BURIAL, CREMATION, OR REMOVAL Place W. Calvary Cem. Date 12-12-193619. UNDERTAKER B. J. McElroy (Address) 1230 E. Edgerly St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) obtained by said inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Dec 10 36

Other contributory causes of importance:

Arteriosclerosisabout Sept 1 1936

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo. F. Allen M. D. (Address) 507 Kensington St

Registrar

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 12 1936

✓ F 29963 F 29963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
 CITY OF BALTIMORE: (No. 12-7 St., 12-7 Ward)
 Length of residence in city or town where death occurred... yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME Liston H. Wilson
 (a) Residence: No. R.F.D. #2 Cumberland, Md. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX Male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) December 14, 1887 | | |
| 7. AGE Years 48 Months 11 Days 9 27 | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086 | |
| | 10. Date deceased last worked at this occupation (month and year) 12/36 | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Flintstone (State or country) Maryland | | |
| FATHER | 13. NAME Hugh Wilson | |
| | 14. BIRTHPLACE (city or town) ? (State or country) | |
| MOTHER | 15. MAIDEN NAME Almira Street | |
| | 16. BIRTHPLACE (city or town) Flintstone (State or country) Md. | |
| 17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cumberland MD Date 12/12 1936 | | |
| 19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins St. | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|-----------------------|
| 21. DATE OF DEATH (month, day, year) December 11, 1936 | |
| 22. I HEREBY CERTIFY, That I attended deceased from November 28, 1936, to December 11, 1936 | |
| I last saw him alive on December 11, 1936. Death is said to have occurred on the date stated above, at 7:35a m. | |
| The principal cause of death and related causes of importance were as follows: | |
| Diabetes mellitus | Date of onset Unknown |
| Tuberculosis, pulmonary, chr. far advanced | " " |
| Other contributory causes of importance: | |
| Was an operation performed? No Date of | |
| For what disease or injury? | |
| What test confirmed diagnosis? Clin. Was there an autopsy? No | |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 | |
| Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place | |
| Manner of injury | |
| Nature of injury | |
| 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. M. H. a clerk M. D. (Address) U.S. Marine Hospital | |

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 12 1936

Huntington

29964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29964

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. *1* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bertina Cullen

(a) Residence: No.

Lutherville, Md

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Alfred V Cullen

6. DATE OF BIRTH (month, day, year)

Nov 15 1882

7. AGE

54

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Carlton, Baltimore, Md

FATHER

13. NAME

Geo. W. Hall

14. BIRTHPLACE (city or town) (State or country)

Manchester, Maryland

MOTHER

15. MAIDEN NAME

Elizabeth Palmer

16. BIRTHPLACE (city or town) (State or country)

West Liberty, Baltimore, Md

17. INFORMANT

(Address)

Russ Cullen, Lutherville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place *Copac, Lutherville, Md* Date *Dec 14 1936*

19. UNDERTAKER

(Address)

Wm. C. Brooks & Son, Sparks, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 12 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 27 1936* to *Dec 12 1936*I last saw him alive on *Dec 12 1936* Death is said to have occurred on the date stated above, at *4 1/2* m.

The principal cause of death and related causes of importance were as follows:

Abdominal carcinoma originally from uterus
Diabetes Mellitus

Date of onset

?

?

?

Other contributory causes of importance:

Was an operation performed? *no* Date of —

For what disease or injury? —

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *H. Austran* M. D.(Address) *St. Joseph's Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 12 1936

Registrar

F 29965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 29965

46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2573 Foster Ave. - 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Victoria Polczynska

If U. S. Veteran

specify WAR

(a) Residence: No. 2573 Foster Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23/76

7. AGE 59 Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Major Polczynski (Address) 2523 Foster Ave

18. BURIAL St. John's Church, Baltimore, Dec 15, 1936

19. UNDERTAKER (Address) 1000 E. Redwood Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 10, 1936 to Dec. 11, 1936

I last saw h. alive on Dec. 10, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease

Date of onset

?

Other contributory causes of importance:

hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Mae Bejules

(Address)

2007 E. Baltimore

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 12 1936

Registrar

29966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4128 Fairview avenue St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4128 Fairview avenue St., Ward 15-9

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abigail Kearney6. DATE OF BIRTH (month, day, year) August 9 18747. AGE Years 62 Months 4 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy manufacture 00459. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy business10. Date deceased last worked at this occupation (month and year) November 1936 11. Total time (years) spent in this occupation 40 years12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME William T. Kearney14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Catherine Conroy16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Abigail Kearney(Address) 4128 Fairview avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Date Dec 15 193619. UNDERTAKER Wm. H. McGuire Sons(Address) North & Adams20. REGISTRAR H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 193622. I HEREBY CERTIFY, That I attended deceased from November 28, 1936 to December 11, 1936I last saw him alive on December 11, 1936. Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic
cardio-vascular renal
disease ten years
congestive heart
failure with anasarca Nov 18, 36Other contributory causes of importance:
cirrhosis (portal) of two months
liver - ascitesName of operation none Date ofWhat test confirmed diagnosis? Physical Exam there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William J. Sullivan M. D.(Address) 2224 - Garrison Blvd

information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 12 1936

Information shown on certificate supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9607

F 29967

F 29967

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Henry Kocur or Pupa

Registered No. 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 2726 Boston St. St. 1-4 Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-7-1914

7. AGE 22 Years 2 Months 4 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Joseph Kocur

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER John J. Fialkowski (Address) 1000 N. Howard Ave

20. FILED DEC 12 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28-38 to 12-11-38

I last saw him alive on 12-11-38 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lumbar Spine

Date of onset

13 yrs

Other contributory causes of importance:

Anoxia

1 yr

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. H. Hoop
Balt. City Hoop

M. D.

23968

HEALTH DEPARTMENT—CITY OF BALTIMORE 25968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 4-2-23

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perno Griffin (19164)

If U.S. Veteran

specify WAR _____

(a) Residence: No. 640 N Fairmount Ave St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|------------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Januray 12, 1921

| | | | | |
|-----------|-----------|-----------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>15</u> | <u>10</u> | <u>28</u> | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.13. NAME Marion Griffin14. BIRTHPLACE (city or town) (State or country) S. Car.15. MAIDEN NAME Clara Gray16. BIRTHPLACE (city or town) (State or country) S. Car.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 12, 193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schaefer St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 193622. I HEREBY CERTIFY, That I attended deceased from December 2, 1936 to December 10, 1936I last saw him alive on December 10, 1936 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Miliary TuberculosisDied at Oct. 1936
own

Other contributory causes of importance:

Tuberculous lepto meningitis3 da

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If specify _____

(Signed) Leon H. Feldman M. D.(Address) Baltimore City Hospitals

DEC 14 1936

Huntington Williams, MD

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29969

HEALTH DEPARTMENT—CITY OF BALTIMORE F 29969

CERTIFICATE OF DEATH

1-PLACE OF DEATH *Kernan Hospital for crippled children* REGISTERED NO. *26*
 CITY OF BALTIMORE: (NO. *Warders Mill Rd. & Forest Park Ave* ST. *Colored* WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 2-FULL NAME *Agnes Pinkney*
 (a) RESIDENCE NO. *206 N. Arlington Ave* ST., WARD *Colored*
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? *0* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Colored* 5 Single, Married, Widowed, or Divorced, (write the word) *Single*
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) *Sept 13, 1923*
 7 AGE Years Months Days If LESS than 1 day, hrs or min.
13 *3* *2* *11*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) *Annapolis Md.*
 (State or country)

10 NAME OF FATHER *James Pinkney*

11 BIRTHPLACE OF FATHER (city or town) *Annapolis Md.*
 (State or country)

12 MAIDEN NAME OF MOTHER *Florence Boston*

13 BIRTHPLACE OF MOTHER (city or town) *Annapolis Md.*
 (State or country)

14 Informant *Florence Boston*
 (Address) *206 N. Arlington Ave*

15 *Huntington Williams*
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec. 9, 1936*

17 I HEREBY CERTIFY, That I attended deceased from *March 26, 1936*, to *Dec. 9, 1936*, that I last saw her alive on *Dec. 9, 1936*, and that death occurred, on the date stated above, at *6:50 P. m.*

The CAUSE OF DEATH* was as follows:

Tuberculosis of spine

(duration) yrs. mos. ds.
 CONTRIBUTORY *Toxemia of infection*
 (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? *Unknown*

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *X-ray*

(Signed) *J. H. Gaskel* M. D.

19 (Address) *Kernan Hospital*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Mt. Zion Cemetery *Dec 12, 1936*

20 UNDERTAKER ADDRESS *322*

Mrs. Kate R. Williams *Schweitzer*

DEC 12 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 29970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29970

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4706 Geirland St., 27-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 4706 Geirland St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married3a. If married, widowed, or divorced
HUSBAND of Mary Remesch
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 12-11-18797. AGE Years 60 Months 11 Days 29 If LESS than 1 day, ____ hrs. ____ or ____ min.8. Trade, profession, or particular kind of work done, as spinner, saw, etc. bookkeeper, etc. Experienced life bloomer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monte10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 2012. BIRTHPLACE (city or town) (State or country) Anastasi Hungary

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Mary Remesch
(Address) 4706 Geirland18. BURIAL, CREMATION, OR REMOVAL Interment Date 12-1419. UNDERTAKER Edward J. Hough
(Address) 5305 Hampden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1936

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on 12/10/36. Death is said to have occurred on the date stated above, at 10:00 m.The principal cause of death and related causes of importance were as follows: Myocardial infarctionacute pulmonary edema

(Other contributory causes of importance: _____)

Was an operation performed? No Date of _____For what disease or injury? Myocardial infarctionWhat test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edw. J. Hough M. D.

DEC 12 1936 DEC 12 1936

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

29971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balt. Gen. Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *125 W. Broadway* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 11, 1936*7. AGE Years Months Days If LESS than
I day, 2 hrs.
or 3 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*13. NAME *Herbert Ross*14. BIRTHPLACE (city or town) *Michigan*
(State or country)15. MAIDEN NAME *Zelda Farmer*16. BIRTHPLACE (city or town) *Michigan*
(State or country)17. INFORMANT *M. Gold R. M.*
(Address) *West Balt. Gen. Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

*University Med. Sch. Dec. 12, 1936*19. UNDERTAKER *Commissioner of Health*

(Address)

Per H. A. M.

St. Vincent's Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 11, 1936*22. I HEREBY CERTIFY, That I attended deceased from
Dec. 11, 1936 to *Dec. 11, 1936*I last saw him alive on *Dec. 11, 1936* Death is saidto have occurred on the date stated above, at *6:10 p.m.*The principal cause of death and related causes of
importance were as follows:

Date of onset

Prematurity
six months

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Mellor* M. D.(Address) *1113 1/2*information should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

C 12 1936

29972 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins & Caton Ave.* St. *15-8* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs Marie Sorell*

If U.S. Veteran specify WAR _____

(a) Residence: No. *3705 Liberty Hgts Ave.* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced *HUSBAND of* *D. Merrill Sorell*
 (or) WIFE of
 6. DATE OF BIRTH (month, day, year) *Feb. 9, 1875*
 7. AGE Years *61* Months *10* Days *2* If LESS than 1 day, _____ hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *Charles C. Biggs*

14. BIRTHPLACE (city or town) (State or country) *Md.*

15. MAIDEN NAME *Emily R. Brent*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT *Dr. A. Merrill Sorell*
 (Address) *3705 Liberty Hgts. Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Cathedral* Date *Dec. 14, 1936*

19. UNDERTAKER *Martin Fisher & Sons*
 (Address) *1827 N. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *November 30, 1936, to December 11, 1936.*
 I last saw him alive on *December 11, 1936* Death is said to have occurred on the date stated above, at *10:52 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Infarction
Lobar Pneumonia

Date of onset
12-2-36
12-4-36

Other contributory causes of importance:

Obesity

Was an operation performed? *Yes* Date of *12-1-36*

For what disease or injury? *Diagnostic Op. for possible cancer of uterus & cervix*
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____
 (Signed) *Louis S. Cleaveland* M. D.

(Address) *St Agnes Hospital*

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 12 1936

29973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29973

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Merry Hospital* St., *H-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *1* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank Williams

If U.S. Veteran

specify WAR

(a) Residence: No.

(Usual place of abode)

*Parsville, Md.**21 Westley Ave* St., *Catonsville* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Grace Williams*
WIFE of6. DATE OF BIRTH (month, day, year) *Jan. 14, 1907*7. AGE Years *29* Months *10* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Thrasher hands*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1080*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *Mr Williams*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Mellie Johnson*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Prog. Records*18. BURIAL REMOVAL
Place *Westley Burial ground* Date *12-13-1936*19. UNDERTAKER *Adolphus H. Alstad*(Address) *1000 ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 10, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 17, 1936* to *Dec. 10, 1936*I last saw him alive on *Dec. 10, 1936* Death is said to have occurred on the date stated above, at *9 P. m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular (renal disease) Date of onset *Sept. 1936*

Other contributory causes of importance:

Uremia *Nov. 1936*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *George D. Kelly* M. D.(Address) *Merry Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 12 1936

321622
29974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29974

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 76-10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Henry J. Klinke

If U.S. Veteran

specify WAR _____

(a) Residence: No. 115 N. Clinke St. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Snette</u> (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <u>2/24/88</u> | | |
| 7. AGE | Years <u>48</u> | Months <u>9</u> |
| | Days <u>17</u> | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Timberman</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME August Klinke14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Augusta16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Bur. Date Dec. 14, 193619. UNDERTAKER John Critchfield Sons
(Address) 1900 E. Calver Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 193622. I HEREBY CERTIFY. That I attended deceased from Nov. 21, 1936, to Dec. 11, 1936I last saw him alive on Dec. 11, 1936 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Tubo-Paresis with psychosis

Date of onset

1933

Other contributory causes of importance:

Malaria innoculata11/25/36Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? W.A.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Rankin C. Blount

M. D.

(Address) Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 12 1936

F 29975

3P² 391
29975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 7-5 Ward)(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred, yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Sallie W. Hubbard

If U.S. Veteran

specify WAR

(a) Residence: No. 128 College St. St.,Ward. Troy Ala

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Graph
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-4-767. AGE Years 60 Months 10 Days 8 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. H Wife
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 20
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Ala13. NAME John D Williams14. BIRTHPLACE (city or town)
(State or country) Ala15. MAIDEN NAME Mary E Mark16. BIRTHPLACE (city or town)
(State or country) Ga17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Troy, Ala. Date Dec. 12 3619. UNDERTAKER John O. Mitchell & Sons
(Address) Stamington Williams, Ala

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 193622. I HEREBY CERTIFY, That I attended deceased from
Dec 9, 1936, to Dec 12, 1936I last saw her alive on Dec 12, 1936 Death is said
to have occurred on the date stated above, at 1:35 A m.The principal cause of death and related causes of
importance were as follows:Heart with hypertrophy
Arteriosclerosis
Pulmonary edema

Date of onset

193119381936

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/10/36

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

Edward S. Stafford

M. D.

(Address)

John Hopkins Hospitalinformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

EC 12 1936

✓ 122-3

CERTIFICATE OF DEATH
 Providence Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.da. How long in U. S. If of foreign birth?.....yrs.mos.da.

Joseph Green

15 U.S. Veteran
specify WAR...

Ward.
(If non-resident give city or town and State)

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Sam Green*

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | 17 LESS than 1 day, ____ hrs. or ____ min. |
| 25 | | 14 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... *Salvage*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)

13. NAME: Joseph Green

11. BIRTHPLACE (city or town) *Baltz*
(State or country) *M. C.*

15. MAIDEN NAME WILLIAMSON

16. BIRTHPLACE (city or town) Balt.
(State or country) Ind.

17. INFORMANT Lena Green
(Address) 2000 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL.

19. UNDERTAKER *J. L. Hays*
(Address) *1000 1st St.*

2. FIELD

21. DATE OF DEATH (month, day, year) 12-12-36

22. I HEREBY CERTIFY, That I attended deceased from
12-4, 1936, to 12-12, 1936

I last saw him alive on... 12-12 , 1936 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Generalized Peritonitis
Volvulus

Date of onset
1-2-4
" "
" "

Other contributory causes of importance:

Was an operation performed? yes Date of 12-4

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury . . . 19 . . .

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

11 NO. specify

Chances!

(Address)

8. 14

DEC 13 1936

F 29977
321 231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29977

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 St., Ward)Registered No. 47-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME John Scheuer

If U.S. Veteran

Specify WAR

(a) Residence: No. Republic

(Usual place of abode)

Ward. Penn a

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Catharine</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>9-17-85</u> | | |
| 7. AGE | Years <u>51</u> | Months <u>2</u> |
| | Days <u>25</u> | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Meat Cutter</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| | |
|--|-------------------------|
| 12. BIRTHPLACE (city or town) (State or country) | <u>W. Va</u> |
| 13. NAME | <u>Nicholas Scheuer</u> |
| 14. BIRTHPLACE (city or town) (State or country) | <u>Germany</u> |
| 15. MAIDEN NAME | <u>Louise Korn</u> |
| 16. BIRTHPLACE (city or town) (State or country) | <u>Prussia</u> |

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Bonkellore Pa Date Dec 12 193619. UNDERTAKER
(Address) Geo M. Gunkl Son
811 N Wolfe St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 193622. I BEREYB CERTIFY, That I attended deceased from Nov 12 1936 to Dec 12 1936I last saw him alive on Dec 12 1936. Death is said to have occurred on the date stated above, at 225 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rt. Lung.
Being advanced.

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-7-36For what disease or injury? Carcinoma of lungWhat test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) William Gray Watson

M. D.

(Address) Johns Hopkins

VS 3

DEC 13 1936

Huntington Library

29978

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR **No Record**

If U.S. Veteran specify WAR **No Record**

Vard.
(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from
January 8, 1935 to December 11, 1936

I last saw him alive on December 11, 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset
Oct.
1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical here on autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) Leon H. Feldman M.D.

(Address) Baltimore City Hospitals

F 29979 HEALTH DEPARTMENT—CITY OF BALTIMORE F 29979

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Wendenover St., 8-6 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Arthur P. Webster

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran No Record specify WAR

(a) Residence: No. 1629 E. Lamsale St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Rosa M. Webster

6. DATE OF BIRTH (month, day, year) Mar 27th 1890

7. AGE Years 46 Months 8 Days 14 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctors Home
10. Date deceased last worked at this occupation (month and year) Dec 1936 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Ind

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosa M. Webster (Address) 1629 E. Lamsale St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 14th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED DEC 13 1936 Thurston Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936 to Dec 11, 1936

I last saw him alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

8 mo

Other contributory causes of importance:

Pulmonary hemorrhage

3 day

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. H. Hager M. D.

(Address) 3034 E. Lamsale St

29980

F 29980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 Melville Ave St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

If U. S. Veteran specify WAR No Record(a) Residence: No. 159 Melville Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence E. Handy6. DATE OF BIRTH (month, day, year) July 23 18807. AGE Years 56 Months 4 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) None11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Louis Barton14. BIRTHPLACE (city or town) (State or country) Baltimore Md15. MAIDEN NAME Mary Fisher16. BIRTHPLACE (city or town) (State or country) Baltimore Md17. INFORMANT Clarence E. Handy (Address) 159 Melville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Union Park Date 12/1319. UNDERTAKER (Address) 1211 E. Pratt St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 19...., to Dec 11 1936I last saw him alive on Dec 11 1936 Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
metastases to lungs
& bones

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date ofWhat test confirmed diagnosis? clinicalWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Jack J. Singer

M. D.

(Address) 506 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

H. E. Fingleton, Registrar

F 29981

F 29981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 27-8* Ward)Length of residence in city or town where death occurred *2 yrs* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *6201 York Rd.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Sydia M. Fowler* (or) WIFE of *Sydia M. Fowler*6. DATE OF BIRTH (month, day, year) *Sept. 28, 1856*7. AGE Years *80* Months *2* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Contracting Plasterer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) *Balto., Md.* (State or country)13. NAME *George W. Fowler*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Martha V. ?*16. BIRTHPLACE (city or town) *Hickman* (State or country)17. INFORMANT *Harvey B. Fowler* (Address) *6201 York Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Longview* Date *Dec 14, 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec, 11, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of neck of left femur

Other contributory causes of importance:

*Hypertensive pneumonia*Was an operation performed? *No* Date ofFor what disease or injury? *—*

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *11/23, 1936*Where did injury occur? *6201 York Rd. Balto., Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schechter* Coroner M. D.(Address) *1919 E. North Ave*

DEC 13 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 29982

F 29982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Truitt St. 9-9 Ward)Length of residence in city or town where death occurred 2 1/2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1106 E. Truitt St. Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 94a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Ellen Allen7. DATE OF BIRTH (month, day, year) Sept 18, 18797. AGE Years 59 Months 2 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal 10. Date deceased last worked at this occupation (month and year) Sept 18, 1936 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Geo. Francis Allen14. BIRTHPLACE (city or town) (State or country) Baltimore Md15. MAIDEN NAME Mary Cecilia Brooks16. BIRTHPLACE (city or town) (State or country) Baltimore Md17. INFORMANT (Address) Joe Ellen Allen 1106 E. Truitt St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 12/14/3619. UNDERTAKER (Address) 1214 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936 to Dec 11, 1936I last saw h. alive on Dec 9, 1936 Death is saidto have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Acute MyocarditisWas an operation performed? no Date of

For what disease or injury?

Name of operation Churn Date ofWhat test confirmed diagnosis Churn Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. B. Linton M. D.(Address) 314 S. Highland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A DEATH CERTIFICATE. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

At the request of Dr. Paul Schenker - Coroner
 129983 HEALTH DEPARTMENT—CITY OF BALTIMORE 29983

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *7-5* St., *7-5* Ward)

Length of residence in city or town where death occurred *25* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Carrie Beste*

(a) Residence: No. *Silver Springs* St., *Falberton - Md* Ward, *No Record*

Registered No. *10*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran, specify WAR *No Record*
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced *Married* of *Harry Beste* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1865*

7. AGE *71* Years *2* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *N. Y.* (State or country)

13. NAME *Unknown*
 14. BIRTHPLACE (city or town) *Unknown* (State or country)

15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (city or town) *Unknown* (State or country)

17. INFORMANT *Records -* (Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL *Records -*
 Place *Moseland Park* Date *Dec 14 1936*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 10, 1936* to *Dec 11, 1936*

I last saw her alive on *Dec 11, 1936* Death is said to have occurred on the date stated above, at *4:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Pericarditis
Bacteremia

Date of onset *12-5-36*

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify _____

(Signed) *Frederick C. Nelson, Jr., M.D.*

(Address) *Johns Hopkins Hospital*

DEC 13 1936 *Huntington Hillman, MD*

PLEASE WRITE PLAINLY, WITH UNFADING INK. THIS INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

29984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29984

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2788 Tirolly Ar St., 9-6 Ward)Length of residence in city or town where death occurred 3 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? 3 yrs. 6 mos. 0 ds.

2. FULL NAME

Meinhardt A. Muller

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record(a) Residence: No. 2788 Tirolly Ar St., 9-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced HUSBAND of (or) WIFE of Eleanor M. Muller6. DATE OF BIRTH (month, day, year) May 23 18927. AGE Years 44 Months 6 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. First Aid Man9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16 P.A.10. Date deceased last worked at this occupation (month, day, year) 12/10/36 11. Total time (years) spent in this occupation 3 1/212. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME John A. Muller14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Katherine Eilerman16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Bernard Muller (Address) 3012 Alameda Ar

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cemetery Date 12/14 193619. UNDERTAKER William Cook (Address) 1217 N Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 193622. I HEREBY CERTIFY That I attended deceased from Oct 29 1936 to December 11, 1936I last saw him alive on December 11, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease Date of onset Sept 1936

Other contributory causes of importance:

Coronary Thrombosis Dec 11 1936Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas. E. Edwards M. D.(Address) 2746 Alameda

DEC 13 1936

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *5-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1209 Mc Elerry St.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1906*7. AGE Years *30* Months *-* Days *-* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Samuel Reiff*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Lena Kramer*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Samuel Reiff*(Address) *1209 Mc Elerry St*

18. BURIAL, CREMATION, OR REMOVAL

Interred Herring Ave Date *Dec 13, 1936*19. UNDERTAKER *Ed Levinson Bros*(Address) *127 E. Balto St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 29, 1936* to *Dec 12, 1936*I last saw her alive on *Dec. 12, 1936* Death is said to have occurred on the date stated above, at *9:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Leukemic Leukemia
*Aplastic Anemia*Date of onset
9-29-36
10-6-36

Other contributory causes of importance:

Hydrothorax, bilateral
*Bronchopneumonia (terminal type undetermined)*Was an operation performed? *Yes* Date of *Nov 7, 1936*For what disease or injury? *Biopsy of skin nodule, showing leukemic infiltration*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Bernard Lidma*(Address) *Sinai Hospital*

M. D.

N. B.—WRITE PLAINLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 13 1936

Registrar.

F 29987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Eden St. 3-1 Ward)Length of residence in city or town where death occurred 47 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 47 yrs. 4 mos. 4 ds.2. FULL NAME Israel M. Miller(a) Residence: No. 241 S. Eden St. 3-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Sarah Nee Gold (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia (State or country)13. NAME Isaac B. Miller14. BIRTHPLACE (city or town) Russia (State or country)15. MAIDEN NAME Sarah Snyder16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Sarah Miller - wife (Address) 241 S. Eden

18. BURIAL, CREMATION, OR REMOVAL

Reb. Hindsen Mite Rd Date 12/13/36

19. UNDERTAKER

(Address) 1439 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary embolism

Other contributory causes of importance:

Chronic sclerotic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1010 S. Edmond

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

Thurston Williams, M.D.
Registrar

N. B.—WRITE PLAINLY, WITH ENLARGING INK—PREPARE INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

29988

HEALTH DEPARTMENT—CITY OF BALTIMORE

29988

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Oswego Ave 13-13 Ward)

Length of residence in city or town where death occurred 36 yrs. 36 mos. 36 ds. How long in U. S. If of foreign birth 36 yrs. 36 mos. 36 ds.

2. FULL NAME

(a) Residence: No. 2711 Oswego Ave St., 13-13 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Dora Zinder</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>12-11-36</u> | | |
| 7. AGE <u>86</u> | Years <u>86</u> | Months <u>00</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Insurance</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Russici

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russici

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russici

17. INFORMANT Rose Bargmann

(Address) 4336 Pennterston Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Rosegale

Date 12-13-36

19. UNDERTAKER Frank Lewis Inc

(Address) 1431 E. Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 1936, to 12/11, 1936.

I last saw him alive on 12/11 8:45 a.m. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation
Hypertension
General arteriosclerosis

Date of onset 12/11/36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Zinberg

M. D.

(Address) 2010 Eastman Rd

DEC 13 1936

F 29990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* 2 Ward)Length of residence in city or town where death occurred *72* yrs. *2* mos. *20* ds. How long in U. S. If of foreign birth? *72* yrs. *2* mos. *20* ds.

2. FULL NAME

William Seald Eichelberger(a) Residence: No. *630 Wyanoke Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *NONE*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Clara E. Eichelberger* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 24/1864*7. AGE Years *72* Months *2* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Boe BORO*10. Date deceased last worked at this occupation (month and year) *Dec-9-1936* 11. Total time (years) spent in this occupation *35 yrs*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Emanuel Eichelberger*14. BIRTHPLACE (city or town) *unknown* (State or country) *Pennsylvania*15. MAIDEN NAME *Mary Lindsey*16. BIRTHPLACE (city or town) *Belle* (State or country) *Ind.*17. INFORMANT *Mrs Clara E. Eichelberger* (Address) *630 Wyanoke Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenmount Cemetery* Date *Dec-14-36*19. UNDERTAKER *Stewart Morris Co.* (Address) *108 W. North Ave.*

20. FILED

19

Regis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-11-1936*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in trust, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said and find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury *Dec 11-36*Where did injury occur *630 Rod Wyanoke Ave* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street*Manner of injury *Struck by auto while*Nature of injury *Walking across street*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Hubert E. Riley* Coroner(Address) *907 N. Charles St.*

M. D.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

F 29991

F 29991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital St. 8-3* Ward)Length of residence in city or town where death occurred *52* yrs. *7* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2439 E. Federal* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR *World War*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *about July 17, 1886*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *about 50 7 24*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City of Baltimore*10. Date deceased last worked at this occupation (month and year) *Dec 5/36* 11. Total time (years) spent in this occupation *10 years*12. BIRTHPLACE (city or town) (State or country) *Baltimore Maryland*13. NAME *William H. Pirie*14. BIRTHPLACE (city or town) (State or country) *Scotland*15. MAIDEN NAME *Mary Jane Cowley*16. BIRTHPLACE (city or town) (State or country) *Baltimore Maryland*17. INFORMANT *Miss Grace M. Pirie (sister)* (Address) *2439 E. Federal Street*18. BURIAL, CREMATION, OR REMOVAL Place *Dec 14/36* Date *Dec 14/36*19. UNDERTAKER *Stewart & Mowbray Company* (Address) *108-70 North Ave.*20. FILED 19 *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/11*, 19*36*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Labar pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenck, M.D.* M. D.

(Address)

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

DEC 13 1936

F 29992

29992 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mch. Ser Hosp 9-8* St. *9-8* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1234 Bonaparte* St. *9-8* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**5a. If married, widowed, or divorced
HUSBAND of **Emma Alexander Dreyer**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **Oct. 4th 1888**7. AGE Years **48** Months **2** Days **8** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Railway Express Co**
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Wilmington, Del.**
(State or country)13. NAME **Emil H. Dreyer**14. BIRTHPLACE (city or town) **Europe**
(State or country)15. MAIDEN NAME **Frances Lynch**16. BIRTHPLACE (city or town) **Maryland**
(State or country)17. INFORMANT **Mrs E. B. Dreyer (wife)**
(Address) **1234 Bonaparte Ave.**18. BURIAL, CREMATION, OR REMOVAL
Fairmount Cem. Newark, N.J. 12/14/3619. UNDERTAKER **Margaret E. Flynn**
(Address) **1222 North Street**20. FILED **1236** **Atington Williams, MD**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec. 12th., 1936**22. I HEREBY CERTIFY. That I attended deceased from **12-7**, 19**36**, to **12-12-36**, 19**36**I last saw him alive on **12-12**, 19**36** Death is said to have occurred on the date stated above, at **m.**

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Myocardial IschemyWas an operation performed? **No** Date of

For what disease or injury?

What test confirmed diagnosis? **Ch** Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19**36**

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

F 29993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29993

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N. P. Appleton St. 18-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 314 N. P. Appleton St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofc. DATE OF BIRTH (month, day, year) Aug. 14, 18617. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 3 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)13. NAME Jones14. BIRTHPLACE (city or town) ger
(State or country)15. MAIDEN NAME Emily Lineweaver16. BIRTHPLACE (city or town) unknown
(State or country)17. INFORMANT Gray C. Thurgood
(Address) 1136 8th Ave. S. Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Goodwin Park Date Dec 14 193619. UNDERTAKER H. C. Baumgardner
(Address) 1136 8th Ave. S. Heights

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 193622. I HEREBY CERTIFY. That I attended deceased from Nov 2, 1936 to Dec 11, 1936I last saw him alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

MyocarditisDate of onset
6.26.

Other contributory causes of importance:

AnemiaWas an operation performed? N Date of

For what disease or injury?

Name of operation Amputation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Evans M. D.(Address) 612 N. 40 St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

DEC 13 1936

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3220

HEALTH DEPARTMENT—CITY OF BALTIMORE

29994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Allan C. Griffin

If U. S. Veteran

specify WAR

(a) Residence: No. 833 E

Chase St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| male | white | single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) 7/24/36 | | |
| 7. AGE | Years | Months |
| | 4 | 18 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| None | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME

Taylor Griffin

14. BIRTHPLACE (city or town)
(State or country)

Pa

15. MAIDEN NAME

Edith Williams

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem

Date Dec 14/36

19. UNDERTAKER

(Address)

J. J. Davis

3418 Chestnut Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1936, to Dec 12, 1936

I last saw him alive on Dec 12, 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis - streptococcal

Date of onset
about Nov 28.

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 12

For what disease or injury? Peritonitis

What test confirmed diagnosis? culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Lydia B. Schuch

M. D.

(Address)

Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

Huntington Williams, M.D.

F 29995 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29995

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 77-1 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fredrick Wagner

(a) Residence: No. 5929 Marluth Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
 HUSBAND of Anna W. Wagner
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1865

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 71 | 2 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Grocer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Wagner Jr.
(Address) 157 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Dec 15, 1935

19. UNDERTAKER John Williams
(Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
 (Impost, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertrophy Prostate

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) J. H. Williams M. D.

(Address) 2757 W. Baltimore Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1935

F 29996

F 29996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Mt Pleasant Ave. St., 76-8 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Ellen Keeney

(a) Residence: No. 3428 Mt Pleasant Ave. St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezra

6. DATE OF BIRTH (month, day, year) Jan 26, 1851

7. AGE Years 85 Months 11 Days 16 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David Young

14. BIRTHPLACE (city or town) (State or country) Wrentham

15. MAIDEN NAME Elizabeth Poole

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elsie Ann Hoffman (daughter) (Address) 204 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Dec 13, 1936

19. UNDERTAKER John Ullrich (Address) 2008 Adams St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, thereon and from the evidence (Inquest, autopsy or inquiry)

obtained by said inquest and find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

arterio sclerosis (sine) + atheros.

Other contributory causes of importance:

Contusion, left shoulder, leg & head

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury Nov 1936

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fall - down stairs

Nature of injury Contusion etc

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wright M. D.

(Address) 1010 S. Elmwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

F 29997

29997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Glen Arm Md* St., Ward.

(Usual place of abode)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Elizabeth Gregg*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 13 1873*7. AGE Years Months Days If LESS than
63 *2* *29* I day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Pa*13. NAME *Anderson Gregg*14. BIRTHPLACE (city or town)
(State or country) *Pa*

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Elizabeth Gregg*
(Address) *Glen Arm Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Cem. Va.* Date *Dec. 15* 19*36*19. UNDERTAKER *C. E. Arthur*
(Address) *Fork Md.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/12* 19*36*22. I HEREBY CERTIFY, That I attended deceased from
12/18/36 19 to *12/12/36* 19I last saw him alive on *12/12/36* 19 Death is said
to have occurred on the date stated above, at *90A* m.The principal cause of death and related causes of
importance were as follows:*Carcinoma of Stomach*
Secondary Anemia
Cachexia

Date of onset

March 1934

Other contributory causes of importance:

Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Maxwell Albwellson* M. D.(Address) *Union Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

M. D. B. 1265-2
29998

Lavin

F 29998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Wilkens Ave. Ward 70-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Noel Lavin(a) Residence: No. 2201 Wilkens Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

MaleWhiteInfant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Infant

6. DATE OF BIRTH (month, day, year)

Sept 9-1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Mo.13. NAME Wilfred Lavin

14. BIRTHPLACE (city or town) (State or country)

New York
Mo.15. MAIDEN NAME Larry Eckert

16. BIRTHPLACE (city or town) (State or country)

Baltimore
Mo.

17. INFORMANT

(Address)

Wilfred Lavin
2201 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Home
12-14-36

19. UNDERTAKER

(Address)

Mr. J. S. Smith
2512 Wilkens Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 193622. I HEREBY CERTIFY. That I attended deceased from Dec. 11 1936 to Dec. 12 1936I last saw him alive on Dec. 12 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Ischemic heart disease

Date of onset

12/11/36

Other contributory causes of importance:

Coronary artery disease3 hrs.deathName of operation none Date ofWhat test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Benjamin Miller M. D.(Address) 2030 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

Benjamin Miller
2030 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

321833 29999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29999

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edna Allen

If U.S. Veteran

specify WAR

(a) Residence: No. 614 N. Eden

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-28-02

7. AGE Years 34 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

James Allen

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Alice Gray

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place for interment va Date Dec 13/36

19. UNDERTAKER

(Address)

Robert Williams 1515 N. Redwood St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1936

22. I HEREBY CERTIFY, That attended deceased from Nov 27, 1936 to Dec 11, 1936

I last saw her alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset 1935?

Other contributory causes of importance:

Rheumatic heart disease

1928

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Palmer Howard Fitchner, M. D.

(Address)

Johns Hopkins Hospital

DEC 13 1936

F 30000

F 30000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos. *11* ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

Mr. Arthur Evans -

If U.S. Veteran

Specify WAR

(a) Residence: No. *Great Mills md. St.,*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Violet Evans*

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years *53* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) (State or country) *St. Marys Co. md*13. NAME *Mattingly*14. BIRTHPLACE (city or town) (State or country) *md.*15. MAIDEN NAME *Leah*16. BIRTHPLACE (city or town) (State or country) *md.*17. INFORMANT (Address) *Hospital Records*18. BURIAL, CREMATION, OR REMOVAL Place *St. Marys Co. md* Date *12/14* 193619. UNDERTAKER (Address) *St. C. Mattingly Leonardtown md*20. FILED *St. Marys Co. md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/12/36* 1922. I HEREBY CERTIFY, That I attended deceased from *Nov. 1* 1936 to *Nov. 12* 1936I last saw him alive on *Nov. 12* 1936. Death is said to have occurred on the date stated above, at *10:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Uremia - Hypertensive cardio-vascular disease -

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward F. Colter* M. D.(Address) *University Hospital -*

DEC 13 1936

F 30001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Suzanne Ave St. 4 Ward)Length of residence in city or town where death occurred 47 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 914 N. Suzanne Ave St. 4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced, (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Joseph Research</u> WIFE of <u>Joseph Research</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Not known</u> | | |
| 7. AGE | Years <u>77</u> | Months <u>7</u> |
| | Days <u>3</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George A. Franklin (Address) 914 N. Suzanne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 14 193619. UNDERTAKER Frank Brock (Address) 1806 Calhoun Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 193622. I HEREBY CERTIFY, That I attended deceased from 11/23 1936 to 12/10 1936I last saw her alive on 12/10 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

11/23/36

Other contributory causes of importance:

Cardiac insufficiency12/10/36

Was an operation performed?

None

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify George A. Franklin

(Signed)

(Address)

15178 North Ave.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

F 30002

F 30002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Little Sisters of the Poor* St. *10-1* Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1854*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *82*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Edward Downey*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Margaret Gaynor*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup.* (Address) *Little Sisters of the Poor, Valley St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address) *914 E. Monument St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from *May 5, 1936* to *Dec 12, 1936*I last saw him alive on *Dec 11, 1936* Death is saidto have occurred on the date stated above, at *10:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia *7 Day*

Other contributory causes of importance:

Chlor. Endocarditis *Hypertension*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *E. M. C. Carter* M. D.(Address) *111 S. Harrison St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

F 30003

F 30003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. *701 Springfield Ave.* St. *27-10* Ward)

Registered No.

2-FULL NAME... *Miss Ann Carr*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. *701 Springfield Ave.* St. *27-10* Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *20* yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, *Female*4-COLOR OR RACE, *White*5-Single, Married, Widowed, or Divorced, (Write the word) *Single*

5a-Is married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) *11-10-1887*7-AGE, *49* yrs. *4* mos. *10* ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, *Telephone Operator*(b) General nature of industry, business, or establishment in which employed (or employer), *etc.*(c) Name of employer, *etc.*9-BIRTHPLACE (city or town) (State or Country), *Phila Pa.*10-NAME OF FATHER, *Lewis A. Carr*11-BIRTHPLACE OF FATHER (city or town) (State or Country), *Pittsburg Pa.*12-MAIDEN NAME OF MOTHER, *Marie Higgins*13-BIRTHPLACE OF MOTHER (city or town) (State or Country), *Pittsburg Pa.*

14-

(Informant) *Mr. J. H. Carr*(Address) *222 S. E. 1st St. Baltimore, Md.*

15-

15- *13 1936* *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) *December 10/36*17- I HEREBY CERTIFY, That I attended deceased from *September 4* *36* to *December 10* *36*that I last saw him alive on *December 10* *36*and that death occurred, on the date stated above, at *12:40 P.* m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation(Duration) *1* yrs. *10* mos. *4* ds.CONTRIBUTORY *Carcinoma of Pajia Latus: Stomach*(Secondary) *etc.* (Duration) *1* yrs. *10* mos. *4* ds.

18-Where was disease contracted

If not at place of death? *No*Did an operation precede death? *No*Was there an autopsy? *No*What test confirmed diagnosis? *No*(Signed) *John A. O'Quinn*M. D. (Address) *4704 York Road*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, *SEADON, DELAWARE*DATE OF BURIAL, *Dec 14, 1936*20-UNDERTAKER, *Mary M. Woodward*ADDRESS *501 E. 32nd*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

30004 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S. East an St. 26-10 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John A. Howard

(a) Residence: No. 319 S. East an St. 26-10 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Child

6. DATE OF BIRTH (month, day, year)

August 26, 1934

7. AGE

2 Years

Months

3

Days

16

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME Bowling A. Howard

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME Lillian Bishop

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT Mr. Bowling A. Howard (Address) 319 S. East an

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 14, 1936

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

20. FILED

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 10, 1936 to Dec. 12, 1936

I last saw him alive on Dec. 10, 1936 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza - Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph J. Towhey D.

(Address) 441 S. E. Howard St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30005

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced,
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of
importance were as follows:

Cholelithiasis

Cholecystitis

Intestinal Obstruction

perforated

perforated Bronchiae

Other contributory causes of importance:

Date of onset

Was an operation performed?

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

DEC 13 1936

30006 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30006

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 n Eden St. 5-1 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 613 n Eden St., 5-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| SEX <u>Male</u> | 4. Color or Race <u>Cel</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>West</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Dec 1883</u> | | |
| 7. AGE Years <u>53</u> Months <u>—</u> Days <u>—</u> | If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min. | |
| OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) | <u>none</u> <u>none</u> <u>none</u> 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Wash D C
(State or country)

13. NAME James Sammons

14. BIRTHPLACE (city or town) D
(State or country)

15. MAIDEN NAME Ellen Sammons

16. BIRTHPLACE (city or town) D C
(State or country)

17. INFORMANT Harold Carter
(Address) 1536 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Home Mount Date Dec 18 1936

19. UNDERTAKER Robert S. Williams
(Address) 1516 McElderry Street

20. FILED Huntington Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1936 to 12-11 1936

I last saw him alive on 12-10 1936 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Intermittent nephritis.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J. Allen M. D.

(Address) 509 P. Dineen St

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of onset

Aug 1 1936

none

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

M. D. F 30007

F 30007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)Length of residence in city or town where death occurred 0 yrs. 6 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Doloris M. Holewczynski.(a) Residence: No. 206 S. Bouldin St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 6, 19367. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME Edward Holewczynski.14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Clara Machlinski.16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Edward Holewczynski. (father)
(Address) 206 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

St Stanislaus Ben Date Dec 1419. UNDERTAKER Stephen J. Tralkowski
(Address) 1000 S. Kenwood AveThurston Williams Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Reinhardt M. D.
Coroner
12/12/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1936

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30008

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Division St. 14-2 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1637 Division St. 14-2 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widow</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>1866</u> | | |
| 7. AGE <u>70</u> | Years | Months |
| | Days | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u> | | |
| 13. NAME <u>Anderson</u> | | |
| 14. BIRTHPLACE (city or town) (State or country) | | |
| 15. MAIDEN NAME <u>Anderson</u> | | |
| 16. BIRTHPLACE (city or town) (State or country) | | |
| 17. INFORMANT (Address) <u>Peter Jones</u> <u>859 W. Maine St. Baltimore Md</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL Place <u>Land Cemetery</u> Date <u>1/4 25</u> 19 <u>36</u> | | |
| 19. UNDERTAKER (Address) <u>Joseph A. Gaddis</u> <u>2101 W. Baltimore St.</u> | | |

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 11 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 18 1935 to Nov 11 1936

I last saw her alive on Nov 10 1936. Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Arterio Sclerosis
Other contributory causes of importance:
None

Date of onset

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed)

(Address)

M. D.

DEC 14 1936

Stanton M. Hatcher, M.D.

30009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617. Bradford St., 7-2 Ward)Length of residence in city or town where death occurred 55 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 617. Bradford St., 7-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of William H. Jones
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 19, 18817. AGE Years 55 Months 8 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Miss
(State or country)13. NAME Lervie Finney14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Ella Glen16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT William H. Jones
(Address) 748 W. Washington St18. BURIAL, CREMATION, OR REMOVAL
Place Wt Auburn Ave Date Dec 19, 193619. UNDERTAKER Glorie H. Nelson
(Address) 1308 Chestnut St20. FILED 1936 Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936 to Dec. 11, 1936I last saw her alive on Dec. 11, 1936 Death is said to have occurred on the date stated above, at 444 W. M.

The principal cause of death and related causes of importance were as follows:

Edema of lungs
myocarditis

Date of onset

12/4

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) C. H. Piggott M. D.(Address) 1536 W. Fairview St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

30010

HEALTH DEPARTMENT—CITY OF BALTIMORE

30010

CERTIFICATE OF DEATH

1923 1907-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Taylor

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

Specify WAR

(a) Residence: No. 106 N. Chapel St. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX M | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Carrie Taylor
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871 ?

| | | | | |
|----------------|-------|--------|------|--|
| 7. AGE 65 ? | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|----------------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cem. Date 12-15-1936

19. UNDERTAKER B. C. H. Records
(Address) 1278 Mt Calvary St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-1936

22. I HEREBY CERTIFY That I attended deceased from 12-4-1936 to 12-11-1936

I last saw him alive on 12-11-1936 Death is said to have occurred on the date stated above, at 12-11-1936

The principal cause of death and related causes of importance were as follows:

Pneumonia, (Primary) Date of onset 10 days

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Karmy, M.D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

H. C. H. Records

F 30011

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12552

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 8-5 St. 5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph AdamsIf U.S. Veteran
specify WAR _____(a) Residence: No. 1819 N. Dallas St.
(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ella Adams6. DATE OF BIRTH (month, day, year) 12/27/1873

| | | | |
|------------------------|------------------|----------------|--|
| 7. AGE <u>63</u> Years | Months <u>11</u> | Days <u>15</u> | If LESS than 1 day, _____ hrs. or min. |
|------------------------|------------------|----------------|--|

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Md. Baltimore
(State or country)13. NAME John G. Adams14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Laura Craig16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Dec. 15, 193619. UNDERTAKER Ambrose Inc.
(Address) 1017 W. Cross St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 193622. I HEREBY CERTIFY. That I attended deceased from
2-27, 1936 to 12-12, 1936I last saw him alive on 12-12, 1936 Death is said
to have occurred on the date stated above, at 4:45 A.M.The principal cause of death and related causes of
importance were as follows:Bronchopneumonia (Primary)Date of onset
several
days

Other contributory causes of importance:

Cerebral thrombosis (non-fatal)10 days
priorWas an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify _____

(Signed) John L. Ramsey M.D.(Address) Baltimore City Hospital

M.D.

DEC 14 1936

Thurston Williams, M.D.N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should
information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

F 30012 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 3-1 Ward)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME Silas Monroe (15957)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 228 S. Dallas St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced

HUSBAND of Mary (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 49 Years 8 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Manuel

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Louisa ??

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date December 30, 1936

19. UNDERTAKER

(Address) 1236 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1936 to December 10, 1936

I last saw him alive on December 10, 1936. Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset Sept. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 14 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30013 HEALTH DEPARTMENT—CITY OF BALTIMORE 30013

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johnnie Pickett

If U.S. Veteran specify WAR W.W.

(a) Residence: No. 207 Barn St., Bel Air, Md.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1900

7. AGE Years 36 Months 6 Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Fruit store sales 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prattville (State or country) Ala.

13. NAME Frank Pickett 14. BIRTHPLACE (city or town) Prattville (State or country) Ala.

15. MAIDEN NAME Fannie Baker 16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 12/15/36

19. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1936

22. I HEREBY CERTIFY. That I attended deceased from September 25, 1936, to December 9, 1936.

I last saw him alive on December 9, 1936. Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic with decompensation

Date of onset

Sept 136

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin. find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. A. Duran

(Address) U.S. Marine Hospital

DEC 14 1936

30014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 S Belnord Ave St. 146 Ward)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

John Anthowiah

(a) Residence: No. 819 S Belnord Ave St. 146 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 30014

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pelagia Anthowiah

6. DATE OF BIRTH (month, day, year) 1875

7. AGE 61 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) = (State or country)

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) = (State or country)

17. INFORMANT Pelagia Anthowiah (Address) 819 S Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Date 12/16 1936

19. UNDERTAKER John A. Ruda (Address) 2011 E. Wilson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1936, to Dec. 12, 1936

I last saw him alive on Dec. 11, 1936 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Andrew J. Jankowski M. D.

(Address) 2579 E. ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1936

Register Huntington Williams, M.D.

F 30015

30015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1620 Carlos Ave. St. 10-20 Ward Lenox

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) JANUARY-157. AGE Years 39 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Nea Brooks14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Lucy Newman16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 12-14 193619. UNDERTAKER Adolphus H. H. H. (Address) 918 Broad St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1936, to Dec. 10, 1936I last saw her alive on Dec. 10, 1936. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis C-V Disease Date of onset 11/19/36

Other contributory causes of importance:

Arteriosclerosis CerebralWas an operation performed? Yes Date of 11/19/36

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) George D. Selby M. D.(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

Huntington Williams, M.D.

F 30016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? 2 yrs. 10 mos. 3 ds.

2. FULL NAME

(a) Residence: No. 332 St. W Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18847. AGE Years 52 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 15, 1936

19. UNDERTAKER

(Address) John G. Greliauck
433 S. Paca, St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Dec. 13, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Automobile wheelNature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Greliauck

Coroner

M. D.

(Address)

DEC 11 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30017

HEALTH DEPARTMENT—CITY OF BALTIMORE

30017

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Robert Hardaway*

(a) Residence: No. *920 Bond St* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of *Mary Hardaway*

6. DATE OF BIRTH (month, day, year) *Oct. 4, 1905*

7. AGE Years *31* Months *2* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *10.2.36* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*

13. NAME *James Hardaway*

14. BIRTHPLACE (city or town) *Palmyra Co* (State or country) *Va*

15. MAIDEN NAME *Lore Hopkin*

16. BIRTHPLACE (city or town) *Va* (State or country)

17. INFORMANT *Mrs. Mary Hardaway* (Address) *920 Bond St*

18. BURIAL, CREMATION, OR REMOVAL Place *Crem. Va* Date *Dec 14 36*

19. UNDERTAKER *Mrs. R. A. Elliott & Daughter* (Address) *1129 N. Caroline*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 11, 1936*

22. I HEREBY CERTIFY, That attended deceased from

Oct. 4, 1936 to Dec. 11, 1936

I last saw him alive on *Dec. 11, 1936* Death is said to have occurred on the date stated above, at *8:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset *10.4.36*

Other contributory causes of importance:

Secondary anemia

10.6.36

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

James D. Carr
515 Mosher St.

M. D.

DEC 14 1936

F 30018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30018

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. 16-11 St. 16-11 Ward) Registered No. 93-e

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 If U. S. Veteran specify WAR 24 28

2. FULL NAME Newton Kirby

(a) Residence: No. 1007 Monroe St. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1889

7. AGE Years 47 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1-1-36
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boonsboro (State or country) Maryland

13. NAME William H. H. Kirby

14. BIRTHPLACE (city or town) Boonsboro (State or country) Maryland

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) Boonsboro (State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL National Cem Date 12/15/36

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Bolton

20. FILED 19-11-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1936

22. I HEREBY CERTIFY. That I attended deceased from November 18, 1936, to December 11, 1936

I last saw him alive on December 11, 1936. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
 Hemiplegia, left, old

Date of onset

Unknown

7 wks.

Other contributory causes of importance:

Pneumonia, lobular, terminal

3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clin. Date of

What test confirmed diagnosis? find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. a. d. M. D.

(Address) U.S. Marine Hospital

PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

936171310

30019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Wilkens Ave. St. 14-4 Ward)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary E. Harris

(a) Residence: No.

1729 Wilkens Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Late Robert T. Harris (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1856.

7. AGE 80 Years 9 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Richard Gittings

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mills

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Frederick Murr (Address) 1729 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn

Date 12/14/36

19. UNDERTAKER

(Address) 4101 Edmonson Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936 to Dec 12, 1936

I last saw him alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis
Hypostatic Pneumonia

Date of onset

2 wks
4 hrs

Other contributory causes of importance:

Arterio Sclerosis

2 yrs

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

20

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Howard Kalin

(Address)

2027 Woodlawn St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

F 30020 HEALTH DEPARTMENT—CITY OF BALTIMORE 30020

CERTIFICATE OF DEATH

1. PLACE OF DEATH 307 N. Greene St.

CITY OF BALTIMORE: (No. 307 N. Greene St. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Ignazio Lamartina

(a) Residence: No. 307 N. Greene St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Withe 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Rosaria Lamartina (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1881

7. AGE 55 Years Months Days 17 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME Salvatore Lamartina Italy

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Grazia Colomba

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Joseph Manfre' 307 N. Greene St. (Address)

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Dec. 15 36 Place Date

19. UNDERTAKER Joseph Della Rose (Address) 52 N. Morley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 9, 1936 to Dec. 13, 1936

I last saw him alive on Dec. 12, 1936. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia 12/9/36

Other contributory causes of importance:

Acute Cardiac Distention 12/12/36

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Timmone, M.D.

(Address) Medical Arts Bldg.

DEC 14 1936

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30021

CERTIFICATE OF DEATH

F 30021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 18-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME George Spears (19102)

If U.S. Veteran

Specify WAR _____

(a) Residence: No. 527 Caroline Avenue St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced, (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Willie May
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 27, 1900

7. AGE Years 35 Months 11 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME William Spears

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Frances Henderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Cem Date 12-14 1936

19. UNDERTAKER William A. Jackson
(Address) 816 Penna. ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1936

22. I HEREBY CERTIFY That I attended deceased from November 30, 1936 to December 12, 1936

I last saw him alive on December 12, 1936 Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Lung with Metastasis Oct. 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

DEC 14 1936

at Engle's Pharmacy

Lefty

information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30022

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6008 Clear Spring Road ST. 27-8 WARD)

2-FULL NAME

Winfield Scott GRAPE

(a) RESIDENCE NO.

(Usual place of abode)

6008 Clear Spring Road ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 5 mos. 19 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHusband of Ella Murray GRAPE

6 DATE OF BIRTH (month, day, and year)

Dec 23, 1848

7 AGE

Years

Month

Days

If LESS than
1 day, hrs.
or min.88519

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workBook-keeper 1908(b) General nature of industry,
business, or establishment in
which employed (or employer)Picture-frame
Manufacturing establishment

(c) Name of employer

Adrian H. GRAPE & Co.9 BIRTHPLACE (city or town)
(State or country)Baltimore, Md

PARENTS

10 NAME OF FATHER

Jacob Grape

11 BIRTHPLACE OF FATHER (city or town)

Baltimore

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Elizabeth Cassard

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore,

(State or country)

Md.

14

Informant
(Address)Adrian H. Grape
6008 Clear Spring Rd

15

DEC 1 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

December 12, 1936

17

I HEREBY CERTIFY. That I attended deceased from

November 12, 1936 to December 10, 1936that I last saw him alive on December 10, 1936and that death occurred, on the date stated above, at 11¹⁰ p. m.

The CAUSE OF DEATH* was as follows:

Cancer of the Bladder(over)(duration) 1 yrs. 6 mos. - ds.CONTRIBUTORY
(Secondary)(duration) - yrs. - mos. - ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Blood & tumor cells

(Signed)

A. S. Chiswick

M. D.

Dec 12, 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

Woodland Park

DATE OF BURIAL

12.12.1936

20 UNDERTAKER

ADDRESS

Wm Cook 127 St Paul St

N. B.—WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

30023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5703 Newholme Ave, W. Md.)

Length of residence in city or town where death occurred 2 yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME

(a) Residence: No. 5703 New Holme St. Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) June 21st 1961

| | | | | |
|--------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
| | 3.5 | 5 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Drug Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Kash & Doherty*

10. Date deceased last worked at this occupation (month and year) *May 1936*

11. Total time (years) spent in this occupation *19*

12. BIRTHPLACE (city or town) Santo
(State or country) Mex

| | |
|----------|-------------------|
| 13. NAME | Clinton T. Chancy |
|----------|-------------------|

14. BIRTHPLACE (city or town) Balto
(State or country) Ind

| | |
|-----------------|--------------|
| 13. MAIDEN NAME | Mary C. Kane |
|-----------------|--------------|

16. BIRTHPLACE (city or town)
(State or country) *Balt*

17. INFORMANT *Violetta M. Kesting*
(Address) *5723 Newholme Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 16th 1933

19. UNDERTAKER
(Address) *William Cook*
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Nov 2, 1936, to Dec 12, 1936

I last saw him alive on Nov 12, 1936 Death is said
to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Infection
of reptilians -
Riverside -
1934

Other contributory causes of importance:

Chronic myocardial
Condition

Was an operation performed? Date of

For what disease or injury?

| | |
|------------------------|--------------|
| Name of operation..... | Date of..... |
|------------------------|--------------|

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

place _____

Manner of Injury _____

Nature of injury _____

21 Was disease or injury in any way related to occupation of deceased

14. Was disease or injury the only way you

If so, specify 101

Ad. L. Gammelskuen-M.

(Signed) *[Signature]*

(Address) 2555 Georgia St

DEC 14 1936

F 30024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 28-1* St. *28-1* Ward *28-1*)Length of residence in city or town where death occurred *40* yrs. *40* mos. *40* ds. How long in U. S. If of foreign birth? *40* yrs. *40* mos. *40* ds.

2. FULL NAME

(a) Residence: No. *4402 Ridge Rd* St. *28-1* Ward *28-1*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *John F. Waughtel* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 21 1864*7. AGE Years *71* Months *11* Days *22* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *family housewife* 10. Date deceased last worked at this occupation (month and year) *10/31* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *York* (State or country) *Penna.*13. NAME *John Snyder*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *..* (State or country)17. INFORMANT *Elmer Waughtel* (Address) *4402 Ridge Rd.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Olaf* Date *12/15 1936*19. UNDERTAKER *Lucian Book* (Address) *1217 St. Paul Ave.*20. FILED *DEC 14 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 13 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by *autopsy* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Arterio sclerosis
stroke etc.*

Other contributory causes of importance:

*fracture of humerus*Was an operation performed? *Yes* Date of *Nov 22 1936*

For what disease or injury?

Name of operation *at home* Date of *Nov 22 1936*What test confirmed diagnosis? *Yes* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *Nov 22 1936*Where did injury occur? *Balt Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *fall down stairs* Nature of injury *fracture of humerus*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. M. Wright*(Address) *10105 E. Mount Ave.*

M. D.

F 30025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30025

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Agnes Hospital*CITY OF BALTIMORE: (No. *25-1* Ward)Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *William Russell*

If U. S. Veteran

Specify WAR

(a) Residence: No. *1217 St Paul St*

St.

Ward *1*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *May Russell* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 27-1878*7. AGE *61* Years Months Days If LESS than 1 day, hrs. or min. *15*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Calverton, Md* (State or country)13. NAME *William R. Russell*14. BIRTHPLACE (city or town) *Calverton, Md* (State or country)15. MAIDEN NAME *E. Russell*16. BIRTHPLACE (city or town) *Calverton, Md* (State or country)17. INFORMANT *John M. Russell*Address *1217 St Paul St*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Charles*Date *12/14/36*19. UNDERTAKER *William A. Coyle*Address *1217 St Paul St*

20.

DEC 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-14-36*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry, that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset *12-7-36**Inc. Comp. Ab. by*

Other contributory causes of importance:

Myocardial Infarction

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *12-7-36*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *City*Manner of injury *Accident*Nature of injury *Fall in park*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Robert Bentley Lantz*(Address) *217 N. Calverton*

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30026

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 Kirk Ave. ST., 9-5 WARD)2—FULL NAME Bertha Markhoff(a) RESIDENCE NO. 2646 Kirk Ave. ST., 9-5 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 5 ds.

How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 74 COLOR OR RACE W5 Single, Married, Widowed, or Divorced, (write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) 12/6/1871

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work H.W.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore10 NAME OF FATHER Henry Markhoff11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany12 MAIDEN NAME OF MOTHER Bertha List13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14

Informant A. Markhoff - sister(Address) 2646 Kirk Ave.

15

DEC 14 1936

REGISTERED NO.

(If death occurred in
a hospital or institu-
tion, give its NAME
instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/36

17

I HEREBY CERTIFY, That I attended deceased from

7/24/36, 1936, to 12/11/36, 1936,that I last saw him alive on 12/11/36, 1936,and that death occurred, on the date stated above, at 11:24 a.m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis
Cerebral hemorrhage
Hemiplegia (sinister)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) Myocardial infarction

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? No(Signed) George A. Borden, M. D.1912, 1936 (Address) 1517 E. North Ave.*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Loudon ParkDec 14 1936

20 UNDERTAKER

ADDRESS 2301Edmondson

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

30027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30027

CERTIFICATE OF DEATH

✓ 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. *10* ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1418 N. Broadway* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Dec. 2, 1936</i> | | |
| 7. AGE | Years | Months |
| | | Days |
| | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | <i>infant</i> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *Edwin L. Jackson*14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Evelyn M. Harris*16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)17. INFORMANT *Edwin L. Jackson* (Address) *1418 N. Broadway*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oakland* Date *Dec 14, 1936*19. UNDERTAKER *A. Howell Evans* (Address) *1400 - 22 - 10th Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 12*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 11*, 19 *36* to *Dec 12*, 19 *36*I last saw him alive on *Dec 12*, 19 *36* Death is said to have occurred on the date stated above, at *7:10 P. m.*

The principal cause of death and related causes of importance were as follows:

Congenital Malformation Hypertrophy of mandible.

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Is there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Daniel Wilson* M. D.(Address) *Sinai Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO. 3
14 1936

St. Anthony Williams, MD

F 30028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30028

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* St. *18* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. *12* mos. *18* ds. How long in U. S. If of foreign birth? *12* yrs. *12* mos. *18* ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1006 West Pratt* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown 1901*7. AGE Years *35* Months *-* Days *-* If LESS than 1 day, *-* hrs. *-* or min. *-*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ireland* (State or country)13. NAME *Patrick Monaghan*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Mary Cordeff*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *John Katherine Bristow*(Address) *1006 W. Pratt St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic Cem* Date *12/15/36*19. UNDERTAKER *John J. Cowan & Son*(Address) *901 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 12*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above, *4:45 P.M.*

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *no* Date of *-*

For what disease or injury?

Name of operation *Autopsy* Date of *-*What test confirmed diagnosis? *-* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *-* Date of injury *19*Where did injury occur? *-*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*Manner of injury *-*Nature of injury *-*24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *-*(Signed) *Dr. H. Phillips*(Address) *1939 Edgewood*

Coroner

M. D.

DEC 17 1936

F 30029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30029

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Mary G Curran*If U.S. Veteran
specify WAR

(a) Residence: No.

3015 Evergreen Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FM* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *S.*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 30, 1882*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 *6* *13*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Telephone Operator*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Thomas Curran*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Mary Connelley*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Elizabeth Britton*
(Address) *3015 Evergreen Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *12-16-36*19. UNDERTAKER *Levinson & Sons*
(Address) *5705 1/2 Belmont Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-13*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *12-11* to *12-13*, 19*36*I last saw him alive on *12-13*, 19*36* Death is said to have occurred on the date stated above, at *8:30* p.m.

The principal cause of death and related causes of importance were as follows:

*Cornary Thrombosis*Date of onset
12-11-36

Other contributory causes of importance:

*Hypertensive cardiovascular disease**71*Was an operation performed? *no* Date of *—*For what disease or injury? *—*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. Freeman

M. D.

(Address)

Mercy Hospital

C 14 1936

St. Augustine Williams, M.D.

Information should be carefully supplied. AGE should be stated in full terms. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30030

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Frankford Ave. 47-4)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3503 Frankford Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M

W

M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Lena M. Walz

6. DATE OF BIRTH (month, day, year)

April 28/87

7. AGE Years Months Days

68

7

13

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Freeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt. Md.

13. NAME

Philip Agostin

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT (Address)

Lena M. Walz

18. BURIAL, CREMATION OR REMOVAL

Place Date

Cathedral

12/15/36

19. UNDERTAKER (Address)

Leonard J. Pugh

5300 Frankford Rd.

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/36

22. I HEREBY CERTIFY That I attended deceased from

12/5/36 to 12/11/36

last saw him alive on 12/11/36 Death is said to have occurred on the date stated above, at 6:40 P. M.

The principal cause of death and related causes of importance were as follows:

Ischemic Heart Disease

Date of onset

Card

Other contributory causes of importance:

Coronary Sclerosis

Date of onset

Long

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

622 N North Ave

M. D.

C 14 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30031

F 30031

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 1102 Cloney St. 18-1 Ward)

2-FULL NAME Gertrude Neal Clay

(a) RESIDENCE NO. 1102 Cloney St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO. W2640

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 Color or Race 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day... hrs. or... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1936

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Dec 10, 1936

that I last saw her alive on Dec 10, 1936

and that death occurred, on the date stated above, at 5:40 A.M.

The CAUSE OF DEATH* was as follows

CONTRIBUTORY (Secondary)

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H. Watts, M. D.

Dec 10 1936 (Address) 5156 Belmont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EC 14 1936

Huntington Williams

Mt. Auburn
Mrs. Katie R. WilliamsDec 14, 1936
Schneider

F 30032

Luther Wesley Scribner

F 30032

HEALTH DEPARTMENT—CITY OF BALTIMORE

6026

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 40 mos. 40 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Luther Wesley Scribner

If U.S. Veteran specify WAR

(a) Residence: No. 410 N. Pine St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------|--|
| 3. SEX male | 4. Color or Race colored | 5. Single, Married, Widowed, or Divorced (write the word) married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie | | |
| 6. DATE OF BIRTH (month, day, year) 4-29-1884 | | |
| 7. AGE 55 | Years 52 | Months 7 |
| | Days 12 | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087 |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME David

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 15, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schuylkill St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1936 to 12-11, 1936

I last saw him alive on 12-11, 1936. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (non-embolic) 3 mks

Date of onset

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John L. Raney
Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 14 1936

F E F 1936 Registrar

F 30033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30033

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Leo St. 25-6 Ward 24-B)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Antonina Swiderska

If U. S. Veteran

specify WAR

(a) Residence: No. 3728 Leo St.St. 25-6 Ward 24-B

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Antoni Swiderski</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>1874</u> | | |
| 7. AGE <u>62</u> | Years | Months Days |
| If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Robert Talarek14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Unk.16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Antoni Swiderski
(Address) 3728 Leo St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 16 193619. UNDERTAKER Fred W. Grawski
(Address) 1930 Eastern Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1934 1936 to Dec 6 1936I last saw her alive on Dec 6 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Phlebitis (Date of onset 1934)
Arterio Sclerosis

Other contributory causes of importance:

AtherosclerosisWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Len D. Harker M. D.(Address) 4700 Pennington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

30034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30034

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Hillsdale Rd. St. 25-1 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

Lelia J. Cofer

(a) Residence: No.

Montvale Va

(Usual place of abode)

St.

Ward.

If U.S. Veteran

specify WAR

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert D. Cofer | | |
| 6. DATE OF BIRTH (month, day, year) Oct 15/1856 | | |
| 7. AGE Years 80 | Months 1 | Days 28 |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. | | 11. Total time (years) spent in this occupation 0000 |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town) Montvale Va.
(State or country)

13. NAME Edmond T. Read

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MAIDEN NAME Eliza A. Garner

16. BIRTHPLACE (city or town)
(State or country)

Virginia

17. INFORMANT E. Alton Seim
(Address) 3802 Hillsdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Montvale Burial Date Dec 14, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/12/36, 19, to 12/13/36, 10:30

I last saw him alive on 12/13/36, 19. Death is said to have occurred on the date stated above, at 12:40 A. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular disease

Date of onset

1934

Other contributory causes of importance:

Myo Cardiac failure + Dilatation

12/13/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed)

(Address)

M. D.

J. P. Chance 800 Liberty St. Bal

Information should be carefully supplied. Age should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 14 1936

30035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30035

CERTIFICATE OF DEATH

19302

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 5-2

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Williams

If U.S. Veteran

specify WAR

(a) Residence: No. 208 N. Colvin St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of George Williams (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 51 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ben Bateman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Buried in Med. Soc. Hall, Nov. 4, 1930

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-36

22. I HEREBY CERTIFY That I attended deceased from 12-7-36 to 12-10-36

I last saw him alive on 12-10-36 Death is said

to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-enteritis due to impure water

Date of onset

2 mths?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

C 14 1936

283

F 30036

30036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 W. Fayette St. St. 18-1 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

Eliza Redfield

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 838 W. Fayette St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 80

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

DEC 14 1936

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Glin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

F 30037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Bevan St. St. 23-1 Ward)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Clements. (c)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 823 Bevan St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | Colored | Do not know. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 55 | | | | |

| | | |
|------------|---|---------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Laborer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry

his death on the day stated above. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Wm. H. Reinhardt* M. D.
 12/9/36 1017 S. Charles St. Coroner
 (Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 14 1936 823

THE MORGUE

F 30038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30038

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Garrison Bldg Ward 15-8)Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Helen Isabella Decker(a) Residence: No. 2403 Garrison Bldg Ward 15-8

(Usual place of abode)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>Aug 4, 1867</u> | | |
| 7. AGE | Years <u>69</u> | Months <u>4</u> |
| | Days <u>7</u> | LESS than 1 day, <u> </u> hrs. or min. <u> </u> |
| 8. Trade, profession, or particular kind of work done, as <u>Printer</u> sawyer, bookkeeper, etc. <u>Patented Typewriter</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Leaf</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u> </u> | | |
| 11. Total time (years) spent in this occupation <u>40 1/2</u> | | |

12. BIRTHPLACE (city or town) Chambersburg Pa
(State or country)13. NAME Isaac L. Decker14. BIRTHPLACE (city or town) Chambersburg Pa
(State or country)15. MAIDEN NAME Helen Deiders16. BIRTHPLACE (city or town) Lagerstown, Ind
(State or country)17. INFORMANT Miss Helen J. Taylor
(Address) 5718 Parkhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Pa Date Dec 14, 193619. UNDERTAKER Thos J. Johnson & Son
(Address) 104 E. Main St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1936 to Dec 11, 1936I last saw her alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 1205 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Heart failure

Date of onset

Dec 1936

Other contributory causes of importance:

Chronic nephritis

?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice E. Shamer M. D.(Address) 3300 W. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

Registrar.

F 30039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30039

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 76-12-154 St. 154 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Reed

Registered No. 16046

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. No. address

St., Ward.

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Adella (D)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-16-1865

7. AGE 71 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maine (State or country)

13. NAME John

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Laura Dunham

16. BIRTHPLACE (city or town) Maine (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-5-1935 to 12-8-1936

I last saw h/m alive on 12-8-1936 Death is said to have occurred on the date stated above, at 9:10 Am.

The principal cause of death and related causes of importance were as follows:

Staphylococcal Osteomyelitis with bacteremia

Date of onset

2 mks

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, specify

(Signed)

(Address)

John J. Ramsey
Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 14 1936

2829

✓ F 30040

F 30040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2880 Woodbrook Ave. St. 13-4 Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Francis MacKemull

(a) Residence: No. 2880 Woodbrook Ave. St. Ward.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Carrie MacKemull (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 68 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Filling Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Levin Co. 0066

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Carrie MacKemull (Address) 2880 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 15, 1936

19. UNDERTAKER Wm. Fischer Sons (Address) 1117 E. Adams

20. FULL NAME (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1936

22. I HEREBY CERTIFY, That I am in charge of the remains described above, held in (Inquest, Autopsy, Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset ?
Acute Cardiac dilatation 12-13-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm. Fischer Sons M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 14 1936

F 30041

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30041

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt.

St. 20-2 Ward

Registered No. 131 19256

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Smith

If U.S. Veteran

specify WAR

(a) Residence: No. 2012 Eagle St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-31-1887

7. AGE Years 49 Months 1 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME George

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Mary Barduff

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Cemetery, Place Moreland Park Date 12-14 1936

19. UNDERTAKER George H. W. (Address) 1236 Penna. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1936

22. I HEREBY CERTIFY. That I attended deceased from 12-5-1936 to 12-10-1936

I last saw him alive on 12-10-1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal Disease

Date of onset

6 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John L. Rainey M. D. Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30042

PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Jayne Ave St. 20-8 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? 2 yrs. 6 mos. 26 ds.

2. FULL NAME Elizabeth HENN

Registered No. 82-a-30042

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 506 Jayne Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John HENN

6. DATE OF BIRTH (month, day, year) Nov-17-1860

7. AGE Years 76 Months - Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John - Diederich 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary A. Spangenberg

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. John HENN (Address) 506 Jayne Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec. 15/36

19. UNDERTAKER J. B. Chappell - Son (Address) 333 East Ave

20. FILED DEC 14 1936 21. Stanton W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12-36

22. I HEREBY CERTIFY. That I attended deceased from Dec 12th 1936 to Dec 12 1936

I last saw her alive on Dec. 10 1936 Death is said to have occurred on the date stated above. 10:11:2 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset Dec. 12

Other contributory causes of importance: Arterio-sclerosis High Blood Pressure

Was an operation performed? no Date of

For what disease or injury? Chyria

What test confirmed diagnosis? Chyria Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thomas S. Bauman M. D.

(Address) 3632 Frederick Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St. 14 Ward)

Length of residence in city or town where death occurred: yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. 14 mos. 14 ds.

2. FULL NAME Harry Kraft

(a) Residence: No. 4 Winter Lane Catonsville St. 14 Ward.
(Usual place of abode)

Registered No. 51-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of William May
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 18 - 1913

7. AGE 25 Years 10 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machineist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

13. NAME Robert A. Kraft

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret Fink

16. BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

17. INFORMANT William M. Kraft
(Address) 4 Winter Lane, Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Western Co. Date Dec 16, 1936

19. UNDERTAKER P. B. Sheppard & Son
(Address) 1300 East End Ave.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-36

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936 to Dec 13, 1936

I last saw him alive on Dec 13, 1936 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder Date of onset June 1935

Other contributory causes of importance:

Pyonephrosis Date of onset June 1935

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Paul Fink M. D.

(Address) University Hospital

DEC 14 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

19414

CERTIFICATE OF DEATH

F 30044

F 30044

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Murphy

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 728 S. Durham St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3/8/1864

7. AGE Years 72 Months 9 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ma. (State or country)

13. NAME George Kohler

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Baron

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec. 15 1936

19. UNDERTAKER Lilly & Zwickler (Address) 403 S. W. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-11 1936 to 12-13 1936

I last saw her alive on 12-13 1936 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

5 m.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John S. Karney M. D.

(Address) Baltimore City Hospital

DEC 14 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. Ages should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 30045

HEALTH DEPARTMENT—CITY OF BALTIMORE

19431

CERTIFICATE OF DEATH

F 30045

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Wolff

(a) Residence: No. 115 W. Mulberry St.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sadie</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>11/18/1879</u> | | |
| 7. AGE <u>57</u> | Years <u>—</u> | Months <u>—</u> |
| Days <u>25</u> | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>?</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) New York
(State or country)

13. NAME Nathan

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Bessie ?

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from
12-11, 1936 to 12-13, 1936

I last saw him alive on 12-13, 1936 Death is said to have occurred on the date stated above, at 5 A in.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
12/13/36

Other contributory causes of importance:

Arteriosclerosis Heart Disease

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

John F. Rainey
Baltimore City Hospital

M. D.

EC 14 1936

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-3 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Swieczkowski

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 1739 Fleet

(Usual place of abode)

St.

Ward.

If U.S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) M.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 1890

7. AGE 46 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenerne

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 16 1936

19. UNDERTAKER John M. Deby

(Address) 401 S. Chester St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1936

22. I HEREBY CERTIFY. That I attended deceased from July 14 1936 to Dec 12 1936

I last saw him alive on Dec 12 1936 Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

Dec 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed)

Leon H. Feldman

M. D.

(Address)

Balto City Hospitals

EC 444986

30047

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30047

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3200 E. Fair Ave.* Ward *96-11*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Margaretha Rubeling Ester*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. *3200 E. Fair Ave.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Earnest C. Ester*6. DATE OF BIRTH (month, day, year) *April 8-1860*7. AGE Years Months Days If LESS than 1 day. hrs. or min. *76 8 6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Casper Bloes*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Katharine Schert*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Eliso Rubeling* (Address) *3105 E. Fair Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Schwartz's Cem* Date *Dec. 16 36*19. UNDERTAKER *C. Miller & Son* (Address) *2334 Jefferson St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 14 1936*22. I HEREBY CERTIFY. That attended deceased from *Feb. 25 1936* to *Dec. 14 1936*I last saw her alive on *13 1936* Death is said to have occurred on the date stated above, at *2:00* m.

The principal cause of death and related causes of importance were as follows:

Cornary Thrombosis 2 days

Other contributory causes of importance:

Calcular Dis Heart 1 yrWas an operation performed? *None* Date ofFor what disease or injury? *None*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas Beer M. D. *408 Soapack Ave*

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

C 14 1936

F 30048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30048

9 CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Spring St. 9-4 Ward)Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Jrd Barkley(a) Residence: No. 1308 Spring

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Annie Barkley
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 9 - 1893?7. AGE Years 43 Months 10 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvage
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 25 - 1936
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Deals Island, Md
(State or country)13. NAME George Barkley
14. BIRTHPLACE (city or town) Deals Island, Md
(State or country)15. MAIDEN NAME Lizette
16. BIRTHPLACE (city or town) Deals Island
(State or country)17. INFORMANT Annie Barkley
(Address) 1308 Spring St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Calvary Date 12/15/3619. UNDERTAKER Rayder Sandell
(Address) 1473 E. Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 193622. I HEREBY CERTIFY, That I attended deceased from December 7, 1936, to Dec 12, 1936I last saw her alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis since 1936

Other contributory causes of importance:

DiabetesWas an operation performed? no Date of

For what disease or injury?

Name of operation none Date of
Physical Examination

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Wm H. Wright M. D.(Address) 1209 P. Mrs. L. H. H. H.

DEC 15 1936

30049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30049

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Brighton St. 16-7 Ward)Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2917 Brighton St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Viola Sonnenberg6. DATE OF BIRTH (month, day, year) April 17th 18857. AGE Years 51 Months 7 Days 27 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rick Hardy Robinson
10. Date deceased last worked this occupation (month and year) Dec 1936 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) (State or country) Savannah Ga.13. NAME Abraham Sonnenberg
14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Mary Mannheim
16. BIRTHPLACE (city or town) (State or country) Savannah Ga.17. INFORMANT Viola Sonnenberg
(Address) 2917 Brighton St18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 16th 193619. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1936 to Dec 14 1936I last saw him alive on Dec 14 1936 Death is said to have occurred on the date stated above, at 2⁴⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Dec 3

Other contributory causes of importance:

La grippe - Chronic
myocarditisWas an operation performed? ✓ Date of ✓For what disease or injury? ✓Name of operation Clinical Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. G. Jacob(Address) 1735 N. Bentall St

M. D.

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

F 30050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30050

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Jenkins Memorial Hosp.

CITY OF BALTIMORE: No. 1000 Caton Ave.

St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. William J. Allenbaugh

No War Record

(a) Residence: No. 608 North Augusta Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

Mary E. Allenbaugh

6. DATE OF BIRTH (month, day, year)

Dec 29th 1859

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

76

11

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Balto City

10. Date deceased last worked in this occupation (month and year)

1973

11. Total time (years) spent in this occupation

15

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

William H.

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME

Mary Leeson

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT (Address)

Jenkins Memorial Hosp. 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date Nov 16th 1936

19. UNDERTAKER (Address)

Wm Cook 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 14 36

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1936 to Dec. 14 1936

I last saw him alive on Dec. 14 1936. Death is said to have occurred on the date stated above, at 12⁵⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio Vascular Disease 1935
Chronic Passive Congestion
Cardio-Vascular Failure 12-12-36

Other contributory causes of importance:

Left Inguinal Hernia 1932
Prostatic Hypertrophy & Retention 1934

Name of operation Exploratory Laparotomy Date of 6-16-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed) Louis S. Flewchman M. D.

(Address) St. Agnes Hospital

DEC 15 1936

Information should be carefully supplied. Note should be made of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F30051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3928 Duwall Ave. 15-9 Ward)

Registered No. 46-CF30051

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Lorraine Schneider

If U.S. Veteran

Specify WAR

(a) Residence: No. 3928 Duwall Ave. S., Ward.

Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem. 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo. M. Schneider

6. DATE OF BIRTH (month, day, year): Jan. 9, 1895

7. AGE: Years 41 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: William Creamer

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Ella Riley

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Geo. M. Schneider (Address): 3928 Duwall Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: London Park Date: Dec 16, 1936

19. UNDERTAKER: Wm. H. Hickey Sons (Address): North & Paves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1934, to December 13, 1936

I last saw him alive on December 13, 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Adeno-Carcinoma Caecum

Date of onset: 1934

Other contributory causes of importance:

Extra abdominal metastasis

Was an operation performed? Four Date of: 1934

For what disease or injury? Carcinoma / Caecum

What test confirmed diagnosis? Pathological Report Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Wesley Edel M. D.

3403 Garrison Blvd

Information should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

EC 15 1936

30052

HEALTH DEPARTMENT—CITY OF BALTIMORE

30052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Vincent J. Zak

(a) Residence: No. St. Ward.

1820 E. Gulf St., Baltimore, Md.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1897

| | | | | |
|--------|-------------|-------------|------------|--|
| 7. AGE | Years 39 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min. |
|--------|-------------|-------------|------------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce business |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self |
| | 10. Date deceased last worked at this occupation (month and year) Jan. 1936 |

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

13. NAME James Zak

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Frances ??

16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redemptors

Date Dec 17th 1936

19. UNDERTAKER

(Address)

Wm Cook
17 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1936, to December 14, 1936

I last saw him alive on December 11, 1936. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Pleurisy, suppurative, chronic
tuberculous

Bronchopneumonia, tuberculous

Other contributory causes of importance:

Tuberculosis, pulmonary, chronic,
far advanced

Date of onset

Nov. '36

Nov. '36

Oct. '35

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Achura M. D.

(Address) U.S. Marine Hospital, Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 15 1936

30053 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30053

CERTIFICATE OF DEATH

✓ 34-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *14-1* Ward)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Harry E. Erman*

(a) Residence: No. *715 W. North Ave.* St., Ward.

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR *Spanish American*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If ~~widowed~~, widowed, or divorced, name of HUSBAND or WIFE *Susie Erman*

6. DATE OF BIRTH (month, day, year) *June 16, 1871*

7. AGE Years *65* Months *5* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as alk. mill, saw mill, bank, etc. *Rice Motor Co*

10. Date deceased last worked at this occupation (month and year) *1928* 11. Total time (years) spent in this occupation. *X*

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *George E. Erman*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Catherine Kiseig*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *D. C. Strain* (Address) *715 W. North Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *Dec 16 1936*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED *DEC 15 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 13, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 8, 1936* to *Dec. 13, 1936*. I last saw him alive on *Dec. 13, 1936*. Death is said to have occurred on the date stated above, at *7 P.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic aortic aneurysm Rupture of aneurysm into the esophagus

Other contributory causes of importance:

Syphilis Hemorrhage

Was an operation performed? *no*

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Richard H. Pembroke* M. D. (Address) *Mercy Hospital*

Date of onset

1924

Dec 13, 1936

F 30054

19258

HEALTH DEPARTMENT—CITY OF BALTIMORE 30054

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-7 Ward) 82-2Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daniel Bunting(a) Residence: No. 338 S. Macon St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U.S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Beoric M. Bunting</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>1906? 3/25/1906</u> | 7. AGE Years <u>68</u> Months <u>8</u> Days <u>18</u> If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u> <u>none</u> <u>0029</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bethlehem Steel Co</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Phila. Pa.</u> | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Bunting14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date Dec 16 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 193622. I HEREBY CERTIFY, That I attended deceased from 12-5 1936 to 12-13 1936I last saw him alive on 12-13 1936. Death is said to have occurred on the date stated above, at 9:10 m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
2 mks

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John L. Ranney
Baltimore City Hospital M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 15 1936

F 30055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30055

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 919 E. Chase St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>March 23, 1883</u> | | |
| 7. AGE <u>53</u> | Years <u>8</u> | Months <u>21</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Sailor</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Navy</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>1920</u> | | |
| 11. Total time (years) spent in this occupation <u>30 1/2</u> | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Washington D.C.</u> | | |
| 13. NAME <u>John J. Mc Gormick</u> | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u> | | |
| 15. MAIDEN NAME <u>Catherine Tate</u> | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Not known</u> | | |
| 17. INFORMANT <u>Mr. James Hays</u> (Address) <u>919 E. Chase St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>National Cemetery</u> Date <u>Mar. 16, 1936</u> | | |
| 19. UNDERTAKER <u>Charles W. Conklin</u> (Address) <u>914 E. Eager St.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1936
22. I HEREBY CERTIFY. That I attended deceased from Nov 1, 1936, to Dec 13, 1936
I last saw him alive on 12/13, 1936 Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:

Ch nephritis
Ch myocarditis

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. G. Hornstein M. D.

(Address) 733 Arizona St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 15 1936

30056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Med. Gen. Hosp. 107-a* St. *107-a* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Miss Mary R. Leeper*(a) Residence: No. *3013 Dunbar Rd.* St. *Dundalk* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 11, 1918*7. AGE *18* Years *2* Months *7* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Wire Inspector*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Western Electric Co.*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Webster Pa* (State or country)13. NAME *Roy E. Leeper*14. BIRTHPLACE (city or town) *Eastport Pa.* (State or country)15. MAIDEN NAME *Margaret A. Gambrell*16. BIRTHPLACE (city or town) *Frederick Pa.* (State or country)17. INFORMANT *Mr. Roy E. Leeper (Father)* (Address) *3013 Dunbar Rd.*18. BURIAL, CREMATION, OR REMOVAL *Dundalk Int.* Place *Parsonwood* Date *Dec. 16, 1936*19. UNDERTAKER *John F. Deane* (Address) *715 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 13, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day *Dec. 13, 1936* at *1230 AM*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Cham*(Address) *1216 Harrison*

Coroner

M. D.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 13 1936

H. F. T. Registrar

30057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 15-6 Ward)

Length of residence in city or town where death occurred yrs. mos.

How long in U. S. If of foreign birth 75 yrs. 2 mos. 25 ds.

2. FULL NAME

(a) Residence: No. 1703 Ellamont St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Mary Towles Kirk
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1861

7. AGE Years 75 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) June 11. Total time (years) spent in this occupation June

12. BIRTHPLACE (city or town) Philadelphia, Pa.
(State or country)

13. NAME Howard Kirk

14. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna17. INFORMANT Mrs. Carroll E. Francis (daughter)
(Address) 3306 First Potomac18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date Dec 15, 193619. UNDERTAKER Stewart Morris
(Address) 108 W. Main

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 7, 1936 to Dec. 14, 1936

I last saw him alive on Dec. 14, 1936 Death is said to have occurred on the date stated above, at 2:17 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Atherosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Electrocardiogram

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert H. Davis M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 15 1936

Supp. 1-10-36 AT-500 Bks.

30058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Chestnut ave ST. 13-6 WARD)

2-FULL NAME Sarah R Proctor

(a) RESIDENCE NO. 3333 Chestnut ave ST. 13-6 WARD

(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. (If non-resident give city or town and State)
How long in U. S. if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. A. Proctor

6 DATE OF BIRTH (month, day, and year) Oct 8-1856

7 AGE Years 80 Months 2 Days 5 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alfred Beyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Estella Lane (Address) 3333 Chestnut ave

15 Filed Huntington Wilmington MD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1936

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936, to Dec 13, 1936, that I last saw her alive on Dec 12, 1936, and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. ds. 15 CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds. 7

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. H. Hiden M. D. (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL St. Mary's Im Hamptn DATE OF BURIAL 2/10/37

20 UNDERTAKER Geo E Beyer Jr ADDRESS 1512 Hollins

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

DEC 15 1936

30059 HEALTH DEPARTMENT—CITY OF BALTIMORE 30059

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N Hamilton St., 11-2 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

W. McCallum Brown
(a) Residence: No. 10 N Hamilton St., 11-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13 - 1887

7. AGE Years 48 Months 0 Days 21 If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Nov 13 - 1887
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) New York (State or country) NY

13. NAME W. D. Brown

14. BIRTHPLACE (city or town) New York (State or country) NY

15. MAIDEN NAME Ann L. McCallum

16. BIRTHPLACE (city or town) Meriden (State or country) CT

17. INFORMANT John G. Brown (Address) 10 N Hamilton St

18. BURIAL, CREMATION, OR REMOVAL Place Glencoe Cem Date Dec. 16, 1936

19. UNDERTAKER Henry Hinkle (Address) 10 N Hamilton St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1928, to Dec 14, 1936

I last saw him alive on Dec 14 1936 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows: Carcinoma Stomach

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 1935

For what disease or injury? Gastrointestinal Pathology

Name of operation Gastrointestinal Pathology Date of Aug. 1935

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. H. Hinkle M. D.

(Address) 1407 Park Ave

DEC 15 1936

Huntington Williams, MD

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30060 HEALTH DEPARTMENT—CITY OF BALTIMORE 30060

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 15-3 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 72 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1610 N. Pulaski St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Registered No. 95-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pinches

6. DATE OF BIRTH (month, day, year)

7. AGE 72 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 12/15/36

19. UNDERTAKER (Address) Jack O'Connell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec. 14, 1936.

I last saw her alive on Dec. 14, 1936. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia
Ischemic heart disease

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

William Hollister
Frank S. Hospital

M.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

F 30062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30062

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Roslyn St. Ward 15-8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Rebecca Ellen Gorsuch

If U. S. Veteran

specify WAR

(a) Residence: No. 2604 Roslyn St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21st 18497. AGE 87 Years 5 Months 23 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Harford Co Md13. NAME Luther M Gorsuch14. BIRTHPLACE (city or town) (State or country) Harford Co Md15. MAIDEN NAME Sarah E Henderson16. BIRTHPLACE (city or town) (State or country) Harford Co17. INFORMANT Mr George Bradenoff (Address)18. BURIAL, CREMATION, OR REMOVAL Harford Co Md
Place McKendree Co Date Dec 16 193619. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 193622. I HEREBY CERTIFY That I attended deceased from Dec 10th 1936 to Dec 14 1936I last saw him alive on Dec 13 1936 Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset Dec 13

Other contributory causes of importance:

Ordinary of lungsWas an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

John H. E. Johnson M. D.

(Address)

3504 Garrison Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

30063

HEALTH DEPARTMENT—CITY OF BALTIMORE

30063

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Eutaw Place 41-3 St., 41-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1206 McKim Ave St., 41-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 71 Years 11 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

DEC 15 1936

Registrar

F 30064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30064

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1624 N Gilmor* St. *15-1* Ward)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *25* yrs. *0* mos. *0* ds.

2. FULL NAME

Georgiana M. Daniels

If U. S. Veteran

specify WAR

(a) Residence: No. *1624 N Gilmor* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced, (write the word) *Widowed*5a. If married, widowed, or divorced, (or) WIFE of *John M. Daniels*6. DATE OF BIRTH (month, day, year) *Feb 2, 1868*7. AGE Years *68* Months *10* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *Wm. Cooper*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Madge Turner*(Address) *1624 N Gilmor St*18. BURIAL, CREMATION, OR REMOVAL *Not buried* Date *Dec 15, 1936*19. UNDERTAKER *George H. Nelson*(Address) *1303 Chestnut St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 12, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Feb* - *1932* to *Dec 12, 1936*I last saw her alive on *Dec 11, 1936* Death is said to have occurred on the date stated above, at *8:45 am*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

*Diabetes Mellitus**Arteriosclerosis*Was an operation performed? *No* Date ofFor what disease or injury? Name of operation *Reg* Date of *No*What test confirmed diagnosis? *Reg* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *W. F. Howell* M. D.(Address) *601 W. Carroll Ave*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

30065 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30065

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Glover St., 16 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 128 Glover St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>M</u> | 4. Color <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed or divorced <u>James R. Adams</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Dec 27-1869</u> | | |
| 7. AGE <u>66</u> Years <u>11</u> Months <u>17</u> Days | If LESS than 1 day, hrs. or min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| | |
|---|---|
| 12. BIRTHPLACE (city or town) (State or country) <u>bit</u> | |
| FATHER | 13. NAME <u>Patrick Kelly</u> |
| FATHER | 14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u> |
| MOTHER | 15. MAIDEN NAME <u>Winifred Roan</u> |
| MOTHER | 16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u> |
| 17. INFORMANT <u>J. R. Adams</u> (Address) <u>128 Glover St.</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Hof</u> Place <u>Hof</u> Date <u>12/17</u> 19 <u>36</u> | |
| 19. UNDERTAKER <u>John A. Morgan</u> (Address) <u>3000 E. Balt. St.</u> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-4- 1936 to 12-14- 1936

I last saw him alive on 12-14- 1936 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Hypertensive heart disease
Cardiac decompensation

Date of onset

2 yrs ago
11-30-34

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John J. Gould M. D.
14 N. East ave.

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

St. Elizabeth's Hospital, MD
Left

F 30066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Oakland, 2nd Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1005 Oakland, 2nd Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

Fannie Scott

6. DATE OF BIRTH (month, day, year)

1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

42

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

George Scott

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Fannie

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Fannie Scott

18. BURIAL, CREMATION, or REMOVAL

Place

National Cemetery

19. UNDERTAKER

(Address)

Robert H. Young

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

12/13

Other contributory causes of importance:

Myocarditis

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Allen M. D.

(Address) 507 Ansquith St

DEC 15 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE 30067

30067

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Mullikin St. 5 Ward)

Length of residence in city or town where death occurred: 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1577 Mullikin St. St., 5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed or divorced Widowed
(or) WIFE of Joseph Kess

6. DATE OF BIRTH (month, day, year) Exact Date Unknown

7. AGE Approx 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Eastern Shore Md

12. BIRTHPLACE (city or town) (State or country) Worcester County Md

13. NAME Moses Horner

14. BIRTHPLACE (city or town) (State or country) Worcester County Md

15. MAIDEN NAME Annietta Thomas

16. BIRTHPLACE (city or town) (State or country) Worcester County Md

17. INFORMANT Annietta Jeffries

(Address) 234 W. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park 12/16/36

19. UNDERTAKER Robert H. Young

(Address) 804 W. Caroline St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1936, to 12-13, 1936

I last saw her alive on 12-13, 1936 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Acute Dehydration of Heart

Date of onset 12-1-36
12-10-36

Other contributory causes of importance:

Hypertension
Atherosclerosis

Was an operation performed? No Date of

For what disease or injury? Stroke

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Harvey, M. D.

(Address) 1420 E. Chase

DEC 15 1936

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12689

30068

CERTIFICATE OF DEATH

30068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-3

53

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frank Lawrence

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No. 616 S. Washington St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years 55 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Heart Date 12-15-1936

19. UNDERTAKER J. F. Fisher & Sons (Address) 1315 Light St

20. FILED

DEC 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-1936

22. I HEREBY CERTIFY. That I attended deceased from 3-5-1929 to 12-11-1936

I last saw him alive on 12-11-1936 Death is said to have occurred on the date stated above, at 3:30 A.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

unk

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John L. Ramsey, M.D.

Baltimore City Hospital

18835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30069

30069

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Billie Barnes

If U.S. Veteran

specify War

(a) Residence: No. 722 S. Charles St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12-24-18957. AGE 41 40 Years Months Days If LESS than 1 day, hrs. or min. 178. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.13. NAME Abe14. BIRTHPLACE (city or town) (State or country) S. C.15. MAIDEN NAME Violet16. BIRTHPLACE (city or town) (State or country) S. C.17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Heart Date 12-15 193619. UNDERTAKER J. J. Truhey & Son
(Address) 1318 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 193622. I HEREBY CERTIFY, That I attended deceased from 11-19, 1936 to 12-11, 1936I last saw him alive on 12-11, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset
16 mo.

Other contributory causes of importance:

Was an operation performed? yes Date of 1-23-36

For what disease or injury?

What test confirmed diagnosis? sw Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

H. F. W. Williams, M.D.Balt. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30070

CERTIFICATE OF DEATH

F 30070

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Arabia Ave. St. 27-2 Ward)

Length of residence in city or town where death occurred 81 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret E. ERDMAN

(a) Residence: No. 4515 Arabia Ave. St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andres Dorsey Erdman

6. DATE OF BIRTH (month, day, year) June 6, 1855

7. AGE Years 81 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME ? Hall

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Sarah J. Hunter

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Stanley G. Erdman (Address) 3019 Wayna Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 10, 1936

19. UNDERTAKER John Antichel (Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 1 1936 to Dec 13 1936

I last saw him alive on Dec 13 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify Geo. S. Young (Signed)

(Address) 1819 St. Paul St. M. D.

DEC 15 1936

F 30071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Mosher St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Arthur Hart.

If U. S. Veteran specify WAR

(a) Residence: No. 1816 Mosher

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anna Wickenman Hart. (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1876

7. AGE Years 60 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post-office.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Arthur Hart

14. BIRTHPLACE (city or town) Cambridge (State or country) Md.

15. MAIDEN NAME Martha L. Marshall

16. BIRTHPLACE (city or town) Cockeysville (State or country) Md.

17. INFORMANT Miss Ruth Hart.

(Address) 1816 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Louday Park Dec 18, 1936

19. UNDERTAKER J. S. Marshall

(Address) 3139 Falk Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936, to Dec 14, 1936.

I last saw him alive on Dec 14, 1936. Death is said to have occurred on the date stated above, at 3:30 AM.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis.

Other contributory causes of importance:

Cerebral Hemorrhage (Left Hemiplegia)

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) George E. Shannon

(Address) 200 N. Fulton Ave.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 15 1936

30072

JANE MINERVA SHERIDAN.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Gundy Sanitarium St. 27-15 Ward 7)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mrs. Jane Minerva Sheridan

If U. S. Veteran

specify WAR _____

(a) Residence: No. 2305 Sulgrave St., 7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of Harold Sheridan (or) WIFE of _____6. DATE OF BIRTH (month, day, year) August 19, 18607. AGE Years 76 Months 3 Days 26 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Thomas A. P. Champion14. BIRTHPLACE (city or town) unknown (State or country) _____15. MAIDEN NAME Dolly Sarah Hanford16. BIRTHPLACE (city or town) unknown (State or country) _____17. INFORMANT Richard Sheridan (son)(Address) 2305 Sulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bond Ridge Date DEC 17, 193619. UNDERTAKER Henry D. McKinstry(Address) McCulloch & Co.

DEC 13 1936

A. C. F. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 193622. I HEREBY CERTIFY, That I attended deceased from November 25, 1936 to December 15, 1936I last saw her alive on December 15, 1936. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Cerebral hemorrhage

Date of onset

Nov 23Dec 15

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Rachel K. Gundry(Address) The Gundy Sanitarium

M. D.

30073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 102 Fourth Ave. Sandowne

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. Date Dec 17, 1936

19. UNDERTAKER

(Address) 422 Light St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

December 4, 1936 to December 15, 1936

I last saw him alive on December 15, 1936 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

12-4-36

Other contributory causes of importance:

Infancy.

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address)

Louis S. Lewchen M. D.
St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

C 15 1936

F 30074

F 30074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *MT. Hope Rd 28-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 4 mos. 1 ds. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4714 Bay Park Way New York* Ward.

(Usual place of abode)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Nov. 1, 1906*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *30 1 14*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New York*13. NAME *John J. McWhitty*14. BIRTHPLACE (city or town) (State or country) *New York*15. MAIDEN NAME *Mary Francis*16. BIRTHPLACE (city or town) (State or country) *New York*17. INFORMANT (Address) *4714 Bay Park Way New York*

18. BURIAL, CREMATION, OR REMOVAL

Place *Brookland New York* Date *12/15/1936*19. UNDERTAKER *Stewart & Gowen*(Address) *108 W. 11th Ave. Baltimore*

20. FILED

C 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 15, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: *10 gun,**Fractured Skull*

Other contributory causes of importance:

Mental derangement

Was an operation performed? Date of:

For what disease or injury?

Name of operation

Date of:

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *accident* Date of injury *12/15/1936*Where did injury occur? *MT. Hope* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *in hospital*Nature of injury *gun fire used to stop, fractured skull*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. H. Hannon*(Address) *1215 Hannon*

Coroner

M. D.

M. D. 33075

F 39075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Lake Ave St. 27 Ward) *Pat Chas. Bellone*Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 107 Lake Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ethan A. Andrews
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 26, 18637. AGE Years 73 Months 5 Days 17 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Pennsylvania
(State or country)13. NAME Therese L. Foulke14. BIRTHPLACE (city or town) Pennsylvania
(State or country)15. MAIDEN NAME Julia Powell16. BIRTHPLACE (city or town) Pennsylvania
(State or country)17. INFORMANT Ethan A. Andrews
(Address) 107 Lake Ave18. BURIAL, CREMATION, OR REMOVAL Philadelphia Pa Date 12-16-3619. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held and buried thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Dr. J. H. Bellone find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cardiac Dilatation 12-13-36
Severe Myocarditis ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-13-36For what disease or injury? MyocarditisName of operation None Date of 12-13-36What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 12-13-36Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? None(Signed) J. H. Bellone M. D.(Address) 1512 Hollins St Coroner

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 16 1936 Huntington Thibault AD

30076

HEALTH DEPARTMENT—CITY OF BALTIMORE

30076

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Inf.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred—yrs. *8* mos. *2* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Paul Magin

If U.S. Veteran

specify WAR

No Record.

(a) Residence: No.

Sykesville, Md.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 14th 1897*7. AGE Years *59* Months *4* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Jacob Magin

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Frieda Kriebling

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Christine N. Watson

(Address)

Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place

*Western*Date *Dec 15th 1936*

19. UNDERTAKER

(Address)

*Wm Cook
1217 St Paul St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 13, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 8, 1936* to *Dec. 13, 1936*I last saw him alive on *Dec. 13, 1936* Death is said to have occurred on the date stated above, at *9⁰⁰ p.m.*

The principal cause of death and related causes of importance were as follows:

*Cardiac failure
Acute Pulmonary edema.*

Date of onset

12/13/36

Other contributory causes of importance:

*Chemia
Diabetes*

Was an operation performed?

Yes

Date of

Dec 7, 1936

For what disease or injury?

*Fracture of humerus
and radius, right left.*

What test confirmed diagnosis?

*Clin. & Lab.*Was there an autopsy? *Yes.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

*Accident*Date of injury *12/9, 1936*

Where did injury occur?

Sykesville Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury

Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John A. Myers.

M. D.

(Address)

Church Home & Inf.

DEC 15 1936

F 39077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Harford Ave Ward 9)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2924 Bedford Ave. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single , Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|---|

8a. If married, widowed, or ~~divorced~~
~~husband~~
(or) WIFE of *Louis Bremer*

6. DATE OF BIRTH (month, day, year) *April 5th 1869*

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, . . . hra. or . . . min. |
| 67 | | 8 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mrs Hammond*

10. Date deceased last worked *Dec 1936* 11. Total time (years) spent in this occupation *15*

12. BIRTHPLACE (city or town) NEARCASTER
(State or country) Pa

13. NAME *Daniel Mowen*

14. BIRTHPLACE (city or town)
(State or country) *Pa*

15. MAIDEN NAME *Maud K Donaldson*

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT *Frank W. Dean*
(Address) *Emmittsburg Pa*

18. BURIAL, CREMATION, OR REMOVAL.
Place *Greencastle Pa* Date *Dec 17th* 19*18*

9. UNDERTAKER
(Address) *Wm Gork
1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1934 to December 15, 1936

I last saw him alive on December 17, 1946 Death is said to have occurred on the date stated above. At 1230 a.m.

The principal cause of death and related causes of importance were as follows:

| | |
|---|-------------------------------|
| Shorter than the several other breeds, the tail is very short and is not at all curved. | Date of birth 1910 1934 |
|---|-------------------------------|

Other contributory causes of importance: Cardiac & skeletal

Was an operation performed? 2-19 Date of 2-24

For what disease or injury?

Name of operation: *Pharyngeal Swallowing* Date of: *10/1/55*
What test confirmed diagnosis? *Barium Swallow* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

place _____

| | |
|------------------|--|
| Manner of injury | |
|------------------|--|

Nature of injury _____

24. Was disease or injury in any way related to occupation of decedent

10 If no, specify: _____

(Signed) _____ M. D.

(Address) 2150 N. 1st St., N.Y.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. OCCUPATION is very important. See instructions on back of certificate.

216 1936

F 39078

F 39078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2211 Rogers Ave* St. *27* Ward)Length of residence in city or town where death occurred *67* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Home for Aged of M. E. Church* St. *27* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced, name of (or) WIFE of *William Gracy*6. DATE OF BIRTH (month, day, year) *July 18th 1854*7. AGE Years *82* Months *4* Days *26* If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto Co Md*
(State or country)13. NAME *Richmond Monroe*14. BIRTHPLACE (city or town) *Annapolis Md*
(State or country)15. MAIDEN NAME *Diana Delworth*16. BIRTHPLACE (city or town) *Balto Co Md*
(State or country)17. INFORMANT *Record Home for Aged*
(Address) *2211 Rogers Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto* Date *Dec 16/36*

19. UNDERTAKER

(Address) *Wm Cook*
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 14th 1936*22. I HEREBY CERTIFY. That I attended deceased from *Dec. 12th 1936* to *Dec. 14th 1936*I last saw her alive on *Dec 14th 1936* Death is said to have occurred on the date stated above, at *7 P* m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia *3 days*

Other contributory causes of importance:

Myocarditis *2 yrs*Was an operation performed? *No* Date of *✓*For what disease or injury? *No*Name of operation *No* Date of *✓*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *None* 19*36*Where did injury occur? *Home*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *George C. Stinner* M. D.(Address) *700 N. Federal Ave*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 16 1936

Huntington Williams, MD

F 30079

F 30079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3525 Oakmont St. 27-18 Ward)Length of residence in city or town where death occurred: 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Emma J. Franklin(a) Residence: No. 3525 Oakmont St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Vet. specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Otto E. Franklin</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>July 30, 1886</u> | | |
| 7. AGE | Years <u>50</u> | Months <u>4</u> |
| | Days <u>15</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>4/5/36</u> | |
| | 11. Total time (years) spent in this occupation <u>40</u> | |

| | |
|--------|---|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Virginia</u> |
| | 13. NAME <u>Luby Wade</u> |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Virginia</u> |
| | 15. MAIDEN NAME <u>? Not known</u> |
| MOTHER | 16. BIRTHPLACE (city or town) (State or country) <u>Virginia</u> |

17. INFORMANT Otto E. Franklin
(Address) 3525 Oakmont18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 17, 193619. UNDERTAKER W. J. Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Ch. J. [Signature] M. D.(Address) [Address]

Coroner

Information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30079

30080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1334 Shickston* St. *15-1* Ward)Length of residence in city or town where death occurred *13* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? *13* yrs. *1* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *1334 Shickston* St., *15-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color, or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1891*7. AGE *About 46* Years Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General*
10. Date deceased last worked at this occupation (month and year) *1930* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Lincolnton Va*
(State or country)13. NAME *Warner Tomlin*14. BIRTHPLACE (city or town) *Lincolnton Va*
(State or country)15. MAIDEN NAME *Ethel Ann*16. BIRTHPLACE (city or town) *Lincolnton Va*
(State or country)17. INFORMANT *Piccola Tomlin*
(Address) *1422 Linnalech 2nd fl.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Anthony's* Date *Dec 16* 19*36*19. UNDERTAKER *Michaelle Gault*
(Address) *2101 Mc Carthy St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 14* 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on *7-8 am*, *Probably*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*36*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

DEC 16 1936

Registrar

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30081

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *110. Sen. St. - 18-3*)Registered No. *36*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Rocky Mt. St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of *Mable B Bailey*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 2, 1892*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Dec 1-34*11. Total time (years) spent in this occupation *1 1/2*12. BIRTHPLACE (city or town) *Va.*
(State or country)13. NAME *Grover J Bailey*14. BIRTHPLACE (city or town) *Va.*
(State or country)15. MAIDEN NAME *Mammie Davis*16. BIRTHPLACE (city or town) *Va.*
(State or country)17. INFORMANT *Mable B Bailey*
(Address) *Rocky Mt.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wm Hatten Co*Date *Dec 18, 36*19. UNDERTAKER *E. J. Kunkin*
(Address) *Janetville Ind*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 5, 1936* to *Dec 16, 1936*I last saw him alive on *Dec 15, 1936* Death is said to have occurred on the date stated above, at *12:30 AM*

The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *3 blood cultures* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD, IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

EC 10 1936

F 30082

F 30082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hopkins Hospital*CITY OF BALTIMORE: (No. *7-5* Ward)Registered No. *210-M*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME *May Costly*(a) Residence: No. *1519 N. Bond* St., *7-5* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *None*6. DATE OF BIRTH (month, day, year) *1869*7. AGE Years *67* Months *-* Days *-* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *None*

FATHER MOTHER

13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT (Address) *1112 N. Bond St.*18. BURIAL, CREMATION, OR REMOVAL Place *Not Calvary Cem* Date *Dec 17* 19*36*19. UNDERTAKER (Address) *1515 N. Bond St.*

20. FILED

C 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-12*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Impost, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Fractured skull*Date of onset *12/11*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *12/11*, 19*36*Where did injury occur? *On street*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street*Nature of injury *Run by auto while crossing street*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. J. H. Williams*(Address) *101 N. Bond St.*

M. D. Coroner

F 30083

F 30083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Lawrence

If U. S. Veteran

specify WAR

(a) Residence: No. 1638 MillerSt., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Not Known
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 31 18867. AGE Years 50 Months 5 Days 10 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Not known14. BIRTHPLACE (city or town) Not Known
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT Chas. Thomas
(Address) 1638 Miller St.

18. BURIAL, CREMATION, OR REMOVAL

Place Not Known Date Dec 17, 193619. UNDERTAKER Robert Williams
(Address) 1515 Maryland St.20. FILED 1336 19 36 Registrar W. E. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1936 19 3622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Uterus

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 11, 1936

For what disease or injury?

Name of operation Glin Date of Dec 11, 1936What test confirmed diagnosis Glin Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury Dec 11, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) A. H. C. Williams(Address) 2757 N. 2nd St.

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30084

30084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hopkins Hospital* Registered No. *10-M*
 CITY OF BALTIMORE: (No. *7-5* St., *7-5* Ward)
 Length of residence in city or town where death occurred *35* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *35* yrs. *0* mos. *0* ds.
 2. FULL NAME *Quincy Oscar Byrd*
 (a) Residence: No. *15-14 M. E. Day* St., *7-5* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Color* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced
 HUSBAND of *Quincy Oscar Byrd*
 (or) WIFE of *Quincy Oscar Byrd*
 6. DATE OF BIRTH (month, day, year) *2/25-1889*
 7. AGE Years *47* Months *9* Days *18* If LESS than 1 day, *0* hrs. or *0* min.
 8. Trade, profession, or particular kind of work done, as *carpenter*, sawyer, bookkeeper, etc. *carpenter*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Virginia*
 (State or country)

13. NAME *John F. Dickerson*
 14. BIRTHPLACE (city or town) *Pa*
 (State or country)

15. MAIDEN NAME *?*
 16. BIRTHPLACE (city or town) *Pa*
 (State or country)

17. INFORMANT *W. H. Clayton*
 (Address) *1514 M. E. Day St.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *St. Catharine* Date *12/12/36*

19. UNDERTAKER *P. H. Williams*
 (Address) *1515 M. E. Day St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/13*, 19*36*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held *inquiry* (Inquest, Autopsy or Inquiry)
 obtained by said *inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

fracture of both
Right & left leg & arm
Multiple body injuries

Other contributory causes of importance:

Gas Barium *no* Date of *12/12*

Was an operation performed? *no* Date of *12/12*

For what disease or injury?

Name of operation *?* Date of *12/12*

What test confirmed diagnosis? *?* Was there an autopsy? *?*

23. If death was due to external causes (violence) fill in also the following: *acc* Date of injury *12/11*, 19*36*

Accident, suicide, or homicide *acc* Date of injury *12/11*, 19*36*

Where did injury occur? *1514 M. E. Day St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *street*

injury by auto while crossing the

Nature of injury *fracture of both legs & arm*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *?*

(Signed) *Michael G. Gentry* M. D.

(Address) *1027 7th St.* Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

v s o

DEC 16 1936

W. H. Clayton

30085

F 30085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S Spring 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laura CrawleyIf U.S. Veteran
specify WAR

(a) Residence: No.

244 S Spring

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race col 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJames Crawley

6. DATE OF BIRTH (month, day, year)

June 18/87

7. AGE

49

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Domestic9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Va.

13. NAME

Joe Smith14. BIRTHPLACE (city or town)
(State or country)Va.

15. MAIDEN NAME

?16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Mary Crawley(Address) 244 S Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date Dec 16 1936

19. UNDERTAKER

Robert Williams(Address) 1515 Mc Evers St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/36 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 6 1936 to Dec 13 1936I last saw him alive on Dec 12 1936 Death is said
to have occurred on the date stated above, at 6 P. m.The principal cause of death and related causes of
importance were as follows:Bronchitis - Pneumonia

Date of onset

12/6/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Cleval Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bennett Harris M. D.(Address) 1207 N Caroline Ststate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

DEC 16 1936

F 30086

F 30086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 W. Fairmount ST.,

WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frederick Stehrer

(a) RESIDENCE No. 2536 W. Fairmount St.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Selma Stehrer

6 DATE OF BIRTH (month, day, and year)

Sept 29th 1868

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

68

2

16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Selma Leppink

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14

Informant

(Address)

Erich Dietrich
4604 W. Charles St

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

12/15 1936

17

I HEREBY CERTIFY, That I attended deceased from

12/15

1936, to

12/15

1936

that I last saw him alive on

12/14

1936

and that death occurred, on the date stated above, at

7:30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Infection

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

Cardiac Decompensation

(duration)

yrs.

mos.

10 ds.

18 Where was disease contracted if not at place of death?

No

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Physical Exam

(Signed)

12/16/36

(Address)

2145 W. Balt St

M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

London Park

Dec 18 1936

20 UNDERTAKER

A. Jones

ADDRESS

11 S. Gilman St

Exact statement of OCCUPATION should be given in plain terms, so that it may be properly classified. See instructions on back of certificates.

DEC 16 1936

30087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bernard J. Wagner

If U. S. Veteran specify WAR.

(a) Residence:

3120 Ravenwood Ave St.

Baltimore

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Juda Wagner

6. DATE OF BIRTH (month, day, year)

Oct 27 - 78

7. AGE

Years 58

Months 1

Days 17

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore MD

FATHER

13. NAME

Albert Wagner

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Juda Wagner 3120 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Dec 17 1936

19. UNDERTAKER

(Address)

Mrs. J. Herr a son 1156 J. N. Luzerne

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

12/14

1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Kidney & Liver

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 4/9

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 12/22 1936

Where did injury occur? Bellevue Hotel Baltimore

Specify whether injury occurred in industry, in home, or in public place

Highway

Manner of injury Auto in collision with

Nature of injury Another auto

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. H. Kautsky M. D.

(Address) 907 N. Charles St.

Information should be carefully supplied. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

1936

30088

HEALTH DEPARTMENT—CITY OF BALTIMORE

30088

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 W. Saratoga St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ellen A. Muirhead

If U.S. Veteran specify WAR

(a) Residence: No. 1824 W. Saratoga St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of David S. Muirhead
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1868

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 68 | 78 | 4 | 24 | |

| | | |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housewife |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William T. James

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Ellen A. Selway

16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mr. David S. Muirhead
(Address) 1824 W. Saratoga St.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 17, 193619. UNDERTAKER
(Address) 1005 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Dec 14, 1936. I last saw her alive on Dec 14, 1936. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Pathology. Was there an autopsy? Yes. 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. [Signature] M. D.

(Address) 1900 Maryland Ave.

DEC 16 1936

30091 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30091

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Woodland Ave St. 27-16 Ward)

Length of residence in city or town where death occurred 42 yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Henry Heine

(a) Residence: No. 3005 Woodland Ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *World War*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Helen A. Heine (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2 1894

7. AGE Years 42 Months 13 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R 10. Date deceased last worked at this occupation (month, day, year) Oct 4 1928 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Joseph F Heine 14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Mary T Schutz 16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Helen A Heine (Address) 3005 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Dec 18 1936

19. UNDERTAKER, (Address) 4204 Ridgewood Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 to Dec 15 1936

I last saw him alive on Dec 15 1936 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 12/15/36

Other contributory causes of importance:

Coronary thrombosis *paralysis* 10/4/28

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) *John A. Robert* M. D. (Address) *600 Oak Heights Ave*

See instructions on back of certificate.

C 18 1936

F 30092

30092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3143 Dillon St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3143 Dillon St. St., Ward. (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color of Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lisiecki

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longsharman 1074
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland Lisiecki

13. NAME Lisiecki

14. BIRTHPLACE (city or town) (State or country) Poland York

15. MAIDEN NAME York

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Davis (Address) 624 S. Strupper St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Ch. Dec 17, 1936

19. UNDERTAKER Fred W. Ozazewski (Address) 930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935, to Dec 14, 1936

I last saw him alive on Dec 13, 1936 Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Atherosclerosis
Ch. Hypertension
Apoplexy
Hypostatic pneumonia

Other contributory causes of importance:

Was an operation performed? None. Date of

For what disease or injury?

What test confirmed diagnosis? St. Michael's. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Schuyler M. D.

(Address) 842 P. East Ave.

EC 16 1936

✓ F 30093

72-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr Nathan Goldsmith

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) | | |
| Male | White | Married | | |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE | | | | |
| Sadie F. Goldsmith | | | | |
| 6. DATE OF BIRTH (month, day, year) | | Oct. 7 1864 | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
| | 72 | 2 | 7 | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | |
| | Butcher | | | |
| OCCUPATION | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| | saw mill | | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | | |
| | 60 1/2 | | | |

22. I HEREBY CERTIFY, That I attended deceased from
Dec 11 1936 to Dec 14 1936

The principal cause of death and related causes of importance were as follows:

importance were as follows:

| | |
|--------------------------|------------------------|
| Acute Lymphatic Leukemia | Date of onset 12-11-36 |
|--------------------------|------------------------|

Was an operation performed? Yes Date of 11/1/78

For what disease or injury?

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: ☒ Accident, suicide, or homicide? Date of injury: _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If no, specify

Signal:

Address _____

M. I.

Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

30095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30095

66B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Kochanski

If U. S. Veteran

specify WAR

(a) Residence: No.

215 S. Wolfe St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sep. 10/1918

| | | | | |
|---------------------|-------------------|--------------------|------------------|--|
| 7. AGE <u>18</u> | Years <u>3</u> | Months <u>5</u> | Days <u>5</u> | If LESS than 1 day, hrs. or min. |
|---------------------|-------------------|--------------------|------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME John Kochanski14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Rose Zyblewski16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Rose Kochanski (Mother)
(Address) 215 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec. 18, 193619. UNDERTAKER Lilly & Miller Inc.
(Address) 703 S. Wolfe St.

20. DATE

DEC 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 30096

F 30096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital - 2* Ward)Registered No. *157-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Horace Redmund Reid, Junior(a) Residence: No. *Caripito, Venezuela, South America*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 11 1936*

| | | | | |
|--------|-------------------|--------------------|------------------|--|
| 7. AGE | Years <i>0</i> | Months <i>5</i> | Days <i>4</i> | If LESS than 1 day... hrs. or min. |
|--------|-------------------|--------------------|------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *St Louis Mo*13. NAME *Horace R Reid Jr.*14. BIRTHPLACE (city or town) (State or country) *Miss.*15. MAIDEN NAME *Bulah Bland*16. BIRTHPLACE (city or town) (State or country) *Arkansas*17. INFORMANT (Address) *Hosp Record*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lorraine*Date *12-17-36*19. UNDERTAKER (Address) *H. L. Jenkins & Son, Co. 1700 N. Charles & W. Calverton*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 15*, 19 *36*I HEREBY CERTIFY, That I attended deceased from *December 14*, 19 *36* to *December 15*, 19 *36*I last saw him alive on *December 15*, 19 *36* at *5:05 pm*. Death is said to have occurred on the date stated above, at *5:05 pm*.

The principal cause of death and related causes of importance were as follows:

Brain tumor (medullary blastoma) Hydrocephalus Cerebral decompensation

Other contributory causes of importance:

Date of onset

*7-?-36
8-?-36
12-15-36*Was an operation performed? *Yes* Date of *12-15-36*For what disease or injury? *Hydrocephalus*What test confirmed diagnosis? *X-ray* Was there an autopsy? *Yes.*

23. If death was due to external cause (violence) and in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Philip L. Frank*(Address) *Union Memorial Hospital*

16 1936

St. E. Engler, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 30097

F 30097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Vincient st., 19-1 Ward)

Length of residence in city or town where death occurred 20 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Armie Hebron

If U. S. Veteran

specify WAR

(a) Residence: No. 521 N. Vincient st St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27th. 1895

7. AGE Years 41 Months 29 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

13. NAME Chas. Hebron

14. BIRTHPLACE (city or town) Chas. Hebron Howard Co., Md. (State or country)

15. MAIDEN NAME Alice Cook Clark

16. BIRTHPLACE (city or town) Howard Co., Md. (State or country)

17. INFORMANT Inez Thomas (Daughter) 516 N. Gilmore st (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 17, 1936

19. UNDERTAKER Mrs. Kate R. Williams 322 N. Broadway St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15th. 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 14th. 1936 to Dec. 15th. 1936

I last saw h. or alive on Dec. 14th. 1936 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Dec. 14th 1936

Other contributory causes of importance:

Unknown

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Physical Exam. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

(Signed) Walter J. Jackson 1631 Franklin st (Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

16 1936

30098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936

F 30098

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Coston

If U.S. Veteran

specify WAR

(a) Residence: No. 100 N. Bruce St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|-------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Hardy Coston
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-20-1881

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 55 | | 6 | 24 | |

| | | |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Laundress |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME William Harper

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Mahalia Commander

16. BIRTHPLACE (city or town) N. C.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 18, 1936

19. UNDERTAKER Mrs. Katie A. Williams
(Address) 222 N. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1936 to 12-14, 1936

I last saw him alive on 12-14, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John F. Rainey, M.D.
Baltimore City Hospital

RECEIVED 1936

19

A. E. Taylor, M.D.

30099

HEALTH DEPARTMENT—CITY OF BALTIMORE

30099

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1510 N. Gilmore* St. *14-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *yes* *0* yrs. *0* mos. *0* ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Separated*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Reginald Butler*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *45* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Homework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Gorgia*13. NAME *Samuel McCoy*14. BIRTHPLACE (city or town) (State or country) *Gorgia*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Gorgia*17. INFORMANT *Goldie Butler* (Address) *4 N. Mount St*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *Dec. 16, 1936*19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *222 N. Shepherd St*20. *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-10*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *12-3*, 19*36*, to *12-10*, 19*36*I last saw him alive on *12-10*, 19*36* Death is said to have occurred on the date stated above, at *8:45* p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

12-3-36

Other contributory causes of importance:

*Hypertension*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Hysterectomy*What test confirmed diagnosis *Clinical*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) *Ernest E. Harmon* M. D.(Address) *2340 Madison Ave.*

16 1936

30100

✓ F 30100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Calhoun st St. 16-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME William Wright Miller

(a) Residence: No. 707 N. Calhoun st. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7th, 1920

7. AGE Years 16 Months 7 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Roy Miller

14. BIRTHPLACE (city or town) Anne Arundel Co Md. (State or country)

15. MAIDEN NAME Viola Wright

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Viola Wright (Mother) (Address) 707 Calhoun st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 17, 1936

19. UNDERTAKER Mrs. K. E. R. Williams (Address) 322 N. Schrock St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1936, to Dec. 14th, 1936

I last saw him alive on Dec 13th, 1936, at 4.30a.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B.C.

Date of onset
Abt.
Aug.
1936

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Physical Exam Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Walter H. Heston

(Address) 163 N. Smith St.

M. D.

16 1936

Huntington

F 3016d

✓ F 30101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Girl Andrews

If U.S. Veteran
specify WAR _____(a) Residence: No. 104 Jackson Pl

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

-

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

-

6. DATE OF BIRTH (month, day, year)

12-11-36

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

1

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Infant

12. BIRTHPLACE (city or town)
(State or country)

Ind

FATHER

13. NAME

Merl Andrews

14. BIRTHPLACE (city or town)
(State or country)

Kansas

MOTHER

15. MAIDEN NAME

Evelyn Smith

16. BIRTHPLACE (city or town)
(State or country)

Kansas

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Med. Sch. Dec. 16, 1936

19. UNDERTAKER

(Address)

Commissioner of Health

Per W. A. Moore

Huntington Williams, M.D.

2831

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 11, 1936, to Dec 12, 1936

I last saw her alive on Dec 12, 1936 Death is said
to have occurred on the date stated above, at 8 P. m.The principal cause of death and related causes of
importance were as follows:

Prematurity

Date of onset
(37 hrs)

12-11-36

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. C. Staples, Jr.

M. D.

(Address)

Johns Hopkins Hospital

16 1936

F 30102

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30102

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 6-5 Ward) ¹⁵⁹

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Bay Andrews

If U.S. Veteran specify WAR _____

(a) Residence: No. _____

104 Jackson St., DE Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

12-11-36

7. AGE

Years

Months

Days

If LESS than 1 day 20 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____

19. UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 11, 1936, to Dec 12, 1936

I last saw him alive on Dec 12, 1936. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity.

Date of onset

12-11-36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

M. _____

16 1936

2832

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30103

30103

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Redwood St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 760 W Redwood St., 35 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 12/17/19047. AGE Years 35 Months 26 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Samuel Robinson14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Lucy Robinson16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Lucy Robinson (Address) 788 W Redwood St

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary Date 12/15 193619. UNDERTAKER Joseph L. Brown (Address) 1080 W 10th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 193622. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Dec 13 1936I last saw him live on Dec 12 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Pulmonary Hemorrhage

Date of onset

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. H. Carrick
109 W 11th St

M. D.

C 16 1936

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

30104

322544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30104

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Weber Edmondson Ave

If U.S. Veteran specify WAR

(a) Residence: No. 912 Emerson Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced. (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/9/367. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 mths 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Ryden Weber14. BIRTHPLACE (city or town) (State or country) Jamaica15. MAIDEN NAME Rosa Benne16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Reedville Va Date 12/17/3619. UNDERTAKER Thos. E. Kelson(Address) 303 Preston St

16 1936

Huntington Hall, Va.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec-15, 193622. I HEREBY CERTIFY, That I attended deceased from Dec-13-, 1936, to Dec-15, 1936.I last saw her alive on Dec-15, 1936. Death is said to have occurred on the date stated above, at 9:15 P.

The principal cause of death and related causes of importance were as follows:

Meningitis Pneumococcus Dec 12

Date of onset

Other contributory causes of importance:

Upper respiratory infection about Dec 5
of the medical Dec 12

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ryden B. Edmondson(Address) John Hopkins Hospital

30105

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30105

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 McKim St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Wilson

If U. S. Veteran

specify WAR

(a) Residence: No. 840 Cook Alley

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------|--|
| 3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown | | |
| 6. DATE OF BIRTH (month, day, year) ? | | |
| 7. AGE 5-4 | Years 5-4 | Months Days If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040 |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) obtained by said Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
Cardiac Hypertrophy

Other contributory causes of importance:

Coronary Failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

What was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

10-1936

STATE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30106

F 30106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 N Strucker St. 15-1 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emanuel Brightman(a) Residence: No. 1346 N Strucker St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Brightman6. DATE OF BIRTH (month, day, year) 18777. AGE Years 59 Months — Days — If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME George Brightman14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Allice Smith16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Laura Brightman (Address) 1346 Strucker St18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vernon City Date 12/17 19 3619. UNDERTAKER Thos. G. Nelson (Address) 1300 President St20. 16 1936 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held a inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset 12/10/36Acute lobes pneumonia

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? —Name of operation Hyster Date of —What test confirmed diagnosis? — Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Coroner(Address) 504 Casquette St

M. D.

30107 HEALTH DEPARTMENT—CITY OF BALTIMORE 30107

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)

Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1203* *Springfield Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Maggie Freeman*

6. DATE OF BIRTH (month, day, year) *April 10, 1888*

7. AGE Years *48* Months *8* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *gardener*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *private family*
10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (city or town) (State or country) *Ind*

13. NAME *Henry Smith*

14. BIRTHPLACE (city or town) (State or country) *Ind*

15. MAIDEN NAME *Mary Freeman*

16. BIRTHPLACE (city or town) (State or country) *Va*

17. INFORMANT *Maggie Freeman*
(Address) *1203 Springfield Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *St Calvary Chrch* Date *Dec 17 1936*

19. UNDERTAKER *Charles H Burkett*
(Address) *58 Lawrence St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12. 14. 1936*

22. I HEREBY CERTIFY, That I attended deceased from *12.8. 1936* to *12.14. 1936*

I last saw him alive on *12.14. 1936* Death is said to have occurred on the date stated above, at *8:55 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset *12.8*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *James D. Carr* M. D.

(Address) *515 Mosher St.*

C 16 1936

30108

HEALTH DEPARTMENT—CITY OF BALTIMORE

18957

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-13 Ward)Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth 66 yrs. 2 mos. 1 ds.

2. FULL NAME

Frank Brown

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

NONE(a) Residence: No. 4150 Pimlico Rd.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of Hannah Malini Brown
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10/10/18707. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hotel10. Date deceased last worked at this occupation (month and year) about Aug-3611. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town) (State or country) New York13. NAME John Brown14. BIRTHPLACE (city or town) (State or country) N. Y.15. MAIDEN NAME Frances Wycox16. BIRTHPLACE (city or town) (State or country) N. Y.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wappingers Falls N.Y. Date Dec-16 193619. UNDERTAKER Stewart-Morrison Co.
(Address) 28 W. 17th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1936 to Dec. 15 1936I last saw him alive on Dec. 15 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic lymphoid leucemia
Astenosclerosis

Date of onset

2 yrs. ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

A. J. de Santelle

M. D.

(Address)

Baltimore City Hospitals

16 1936

14

F 30109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 27-11 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4544 N. York Road St. Ward. (If non-resident give city or town and State)

Registered No. 1919987-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Adam Krout (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-5-1872

7. AGE Years 64 Months 4 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Robert Alluini

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Catholic Date Dec 17, 1936

19. UNDERTAKER Albert W. Peregrin (Address) 440 E North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1936 to 12-14, 1936

I last saw him alive on 12-14, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)

Date of onset 2 days

Other contributory causes of importance:

Cerebral Hemorrhage

a few mks

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

John L. Rainey
Baltimore City Hospital

C 16 1936

OCCUPATION is very important. See instructions on back of certificate.

F 30110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30110

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1200 - Valley St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8 March 1859

7. AGE Years 77 Months 9 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James Backman

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Susan Freebury

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup. (Address) Little Sisters of the Poor, Valley

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 17, 1936

19. UNDERTAKER (Address) Bita Weddfield 917 Greenmount Ave

20. 16 1936 Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 16, 1936

I last saw him alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

Centrale thrombosis Date of onset 8A
Other contributory causes of importance: Hypertension left side 8A
Advised Schussis ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Pylor Date of no

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) 112 1st St. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. 12 30111

F 30111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 Ward 1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1200 St. Ward

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17 - 19207. AGE Years 16 Months 8 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Howard Co. Md13. NAME John A. Bessworthy14. BIRTHPLACE (city or town) (State or country) Howard Co. Md15. MAIDEN NAME Francis E. Brightwell16. BIRTHPLACE (city or town) (State or country) Howard Co. Md17. INFORMATION (Address) Francis E. Brightwell (not) Lisbon Md18. BURIAL, CREMATION, OR REMOVAL. Pl. McAndrews Embury Date Dec 19, 193619. UNDERTAKER (Address) C. H. Waltz Wilmington Md20. FILED 17 1936 Stuntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 16 - 36, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereof and from the evidence obtained by me (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable fr. skull (Basilar)

Date of onset

11/16/36

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accAccident, suicide, or homicide Date of injury 11/16, 1936Where did injury occur? On Route 40 - Lisbon Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place highwayCause of injury Struck by auto operated by aStatus of body not seen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Bentley M. D.(Address) 907 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

v 9 6

F 30112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *13* Ward)Registered No. *93-c*Length of residence in city or town where death occurred *46* yrs. *13* mos. *13* ds. How long in U. S. If of foreign birth? *46* yrs. *13* mos. *13* ds.

2. FULL NAME

(a) Residence: No. *3512 Woodbrook ave* St. *13* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *Husband of Philip*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1870*7. AGE Years *66* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0031*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Aaron Ruvitz*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Dena Milwitz*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Philip Mirvis*
(Address) *3512 Woodbrook ave*18. BURIAL, CREMATION, OR REMOVAL *Hebrew Southern ave*
Place Date *Dec 17, 1936*19. UNDERTAKER *Jol. Lysinsky & Bros*
(Address) *1127 E. Baltimore st*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *November 24, 1936* to *December 16, 1936*I last saw her alive on *December 16, 1936*. Death is said to have occurred on the date stated above, at *2:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral hemorrhage
Left hemiplegia
Chronic myocarditis

Other contributory causes of importance:

Sclerosis of coronary arteries

Date of onset

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Paul W. Spear* M. D.(Address) *Sinai Hospital*

OCCUPATION is very important. See instructions on back of certificate.

EC 17 1936 *Attending Physician*

M. D. B. 126-9
30114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30114

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Dwelllyn Ave 8-7 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1756 Dwelllyn St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Edmond Andrews (or) WIFE of6. DATE OF BIRTH (month, day, year) 18877. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1. nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Gumbury NC (State or country)13. NAME Willie Coker14. BIRTHPLACE (city or town) NC (State or country)15. MAIDEN NAME Adeline Coker16. BIRTHPLACE (city or town) NC (State or country)17. INFORMANT Edmond Andrews (Address) 1756 Dwelllyn Ave18. BURIAL, CREMATION, OR REMOVAL Place Wt Calvary Cem Date 12-18-193619. UNDERTAKER Byron H. H. Knight (Address) 2180 E. Cold Spring20. Thompson & Williams, N.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Atrial
Apoplexy

Date of onset

12
14
36

Other contributory causes of importance:

Was an operation performed? no Date ofFor what disease or injury? noName of operation no Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.(Address) 507 Kensington St

See instructions on back of certificate. OCCUPATION is very important.

DEC 17 1936

30115

F 30115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 24-1* St. *24-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *13* yrs. *0* mos. *0* ds.2. FULL NAME *Ellis Robinson*

If U. S. Veteran specify WAR _____

(a) Residence: No. *1212 Hull* St., *24-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah*6. DATE OF BIRTH (month, day, year) *68*7. AGE Years *68* Months *0* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Re Freshmont*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Confederate*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Sharon Robinson*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Robinson*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Mavis L. Robinson*
(Address) *1212 Hull St*18. BURIAL, CREMATION, OR REMOVAL *12-17-36*
Funeral Date *19*19. UNDERTAKER *Jack Davis Inc*
(Address) *1431 E. Pratt St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/16/36*, 19 *36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

*Diabetic Coma*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis *Diabetes* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Paul Mendenhall* M. D.(Address) *1919 E. North Ave* Coroner

20. FILED

DEC 17 1936

19

Register

State cause of death in plain terms on back of certificate. See instructions on back of certificate.

JVS 6

F 30116

No Unit #

F 30116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward) 15-1Length of residence in city or town where death occurred 1920 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME George W. Garratt

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 1336 N. Stricker St. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Sophie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18607. AGE Years 76 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Samuel Garrett14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Eliz. ?16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Records of Balto. City Hosptl.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Gwynne Date 12/17/193619. UNDERTAKER Frances A. Vernal
(Address) 578 W. Biddle St.

20. FILED

EC 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 193622. I HEREBY CERTIFY. That I attended deceased from 9-5, 1936 to 12-15, 1936I last saw him alive on 12-15, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Benign hypertrophy of prostate Date of onset 4 mo

Other contributory causes of importance:

urinary retention 3 mo
bronchopneumonia 2 dyWas an operation performed? yes Date of 9-28-36For what disease or injury? hypertrophy of prostate causing retention

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

W. A. Hooper
Balt. City Hosp.

30117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30117

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1102 Etting St* St., *17-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Powell

If U.S. Veteran

specify WAR

(a) Residence: No. *1102 Etting St* St., *17-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Richard Powell* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan. 2, 1886*7. AGE Years *50* Months *11* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *James Meads*14. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*15. MAIDEN NAME *Alice Hall*16. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*17. INFORMANT *Richard D. Powell* (Address) *1102 Etting St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn Cem.* Date *12/19/1936*19. UNDERTAKER *Mrs. Frances A. Hemmley* (Address) *578 W. Biddle St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 12*, 19*36*, to *Dec 16*, 19*36*I last saw *her* alive on *Dec 15*, 19*36*. Death is said to have occurred on the date stated above, at *7:30* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Dec 12

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. E. Pettibone* M. D.(Address) *817 Hamilton St.*

C. 17 1936

Howard Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

30118

CERTIFICATE OF DEATH

35 F 30118

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore
CITY OF BALTIMORE: (No. 3-1 St., Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 1 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Howard Washington

If U.S. Veteran specify WAR _____

(a) Residence: No. 242 Caroline St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Oct. 11, 1903

7. AGE Years 33 Months 2 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ore worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-20-36 11. Total time (years) spent in this occupation 60 1/2

12. BIRTHPLACE (city or town) West River (State or country) Md.

13. NAME George Washington

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Willie M. Holland

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Dec 17, 1936

19. UNDERTAKER E. Leroy Tupper, Inc. (Address) 125 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1936 to December 13, 1936

I last saw him alive on December 13, 1936 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumophrosis, bilateral About 1 yr

Other contributory causes of importance:

Stricture, urethra About 1 yr.
Uremia, chronic.

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? P. M. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. A. Russell M. D.

(Address) U.S. Marine Hospital

Registrar _____

EC 17 1936

OCCUPATION is very important. See instructions on back of certificate.

30119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30119

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosptl. St. 25-4 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dora Hammer (Hammer) Dorothea Hammer

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No.

3914 Fourth St., Brooklyn St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced Charles Hammer
HUSBAND of Carl (D)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-20-18567. AGE Years 80 Months 8 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Conrad Dietz14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Sering16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Records of Balto. City Hosptl. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date Dec 18 193619. UNDERTAKER (Address) 2003 N. Ball Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 193622. I HEREBY CERTIFY, That I attended deceased from 9-23 1936 to 12-16 1936I last saw him alive on 12-16 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri Date of onset 1 yr.

Other contributory causes of importance:

Anoxia 3 mos.Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1936

18350

30120

HEALTH DEPARTMENT—CITY OF BALTIMORE

30120

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-2 Ward)Registered No. 72-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter WeberIf U.S. Veteran
specify WAR(a) Residence: No. 602 W. Saratoga St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-9-18837. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 8 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Anthony14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Marie Cumings16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12-17-193619. UNDERTAKER J. J. Zahary & Sons
(Address) 1518 Light St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 193622. I HEREBY CERTIFY. That I attended deceased from 10-31, 1936 to 12-13, 1936I last saw him alive on 12-13, 1936 Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

Hodgkin's DiseaseDate of onset
14 mos.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John L. Rainey M. D.(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

EC 17 1936

F 30121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30121

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1731 N. Milton Ave. ST. 8-2 WARD)

2. FULL NAME

John Thomas Baker

(a) RESIDENCE NO.

1731 N. Milton Ave.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

Length of residence in city or town where death occurred 7/ yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Male White Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Auntie L. Baker

6 DATE OF BIRTH (month, day, and year) July 30-1865

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

7/ 4 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Contractor & Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

Built ships

(c) Name of employer

Self

9 BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

John T. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

France

14

Informant (Address)

Mrs C. H. Johnson 1731 N. Milton Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1936

17 I HEREBY CERTIFY, That I attended deceased from

Aug 10 1936 to December 14 1936

that I last saw him alive on December 7 1936

and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy due to Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis; Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 24, 1936

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Howard C. Smith, M. D.

, 19 (Address)

218 Md. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Innocent Memorial Dec 17, 1936

20 UNDERTAKER

ADDRESS

John Ullrich

208 Blk

C 17 1936

Registrar

30122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-518355 F 30122

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? 25 yrs. 6 mos. 5 ds.2. FULL NAME Jesse, Smith

If U.S. Veteran specify WAR

(a) Residence: No. 1820 Druid Hill Ave. St. 14-3 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Sarah Smith (or) WIFE of6. DATE OF BIRTH (month, day, year) 1-4-18807. AGE 56 Years 16 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Joseph Smith14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Isadora Dix16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Sarah Smith (wife) (Address) 1820 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Arbitrator Merv. Bk. Date 12-18-193619. UNDERTAKER John M. Johnson (Address) 1700 Druid Hill Ave.

20. FILED

DEC 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 193622. I HEREBY CERTIFY, That I attended deceased from 10-31 1936 to 12-15 1936I last saw him alive on 12-15 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

HypersensitizationDate of onset 3 mo.

Other contributory causes of importance

Surgical shock.8 hrs.Was an operation performed? yes Date of 12-15-36For what disease or injury? Restoration ofpart of powerWhat test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. A. Hopper M. D.Balt. City Hosp.

F 30123

F 30123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Ave. Hos. St. 6-5 Ward)Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 416 N. Bother St., 6-5 Ward. (If non-resident give city or town and State)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18907. AGE Years 46 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina13. NAME William Thapton14. BIRTHPLACE (city or town) (State or country) N.C.15. MAIDEN NAME Sarah Ward16. BIRTHPLACE (city or town) (State or country) N.C.17. INFORMANT Lucia Tunstall (Address) 1028 Argonne St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec-17/ 193619. UNDERTAKER Mrs. M. E. Elliott & Daughter (Address) 129 N. Caroline St.

20. FILED

DEC 17 1936

H. F. Taylor, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiovascular hypertension

Other contributory causes of importance:

Coronary atherosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

301356
322

HEALTH DEPARTMENT—CITY OF BALTIMORE 30124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marceline Miles

(a) Residence: No. 5 N. Eden

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|------|----------------------------------|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) | | |
| female | black | single | | |
| 6. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, day, year) 5/29/32 | | | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 4 | 6 | 16 | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | | |
| 11. Total time (years) spent in this occupation | | | | |

| | |
|--------|--|
| MOTHER | 12. BIRTHPLACE (city or town) (State or country) |
| | 13. NAME |
| | 14. BIRTHPLACE (city or town) (State or country) |
| | 15. MAIDEN NAME |
| FATHER | 16. BIRTHPLACE (city or town) (State or country) |

| |
|-----------------------------------|
| 17. INFORMANT |
| (Address) |
| 18. BURIAL, CREMATION, OR REMOVAL |
| Place |
| Date |

| |
|----------------|
| 19. UNDERTAKER |
| (Address) |

DEC 17 1936

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (month, day, year) |
| Dec 15, 1936 |
| 22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936 to Dec 15, 1936 |
| I last saw him alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m. |

The principal cause of death and related causes of importance were as follows:

Subarachnoid meningitis

Date of onset Nov. 25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

H. M. C. St. John's Jr. M. H.

Address Johns Hopkins Hospital

F.D. B-326
F 30125

F 30125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bondecourt Hospital - 4 St., 108 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1811 East Pratt St. St., 108 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 20 - 19307. AGE Years 6 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) MD13. NAME Leo M. White14. BIRTHPLACE (city or town) Baltimore
(State or country) MD15. MAIDEN NAME Hellie C. Ruggan16. BIRTHPLACE (city or town) Baltimore
(State or country) MD17. INFORMANT Leo M. White(Address) 1811 E. Pratt St.

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date Dec 18 193619. UNDERTAKER Robt C & B. M. Walters(Address) Pratt & Stricker Sts

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 - 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came his death on the day stated above, 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset one week

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) and in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Phillips M. D.(Address) 1939 Edmondson Ave Coroner

F 30126

F 30126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 McCulloch St. Ward) 11-4Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Iida Harris(a) Residence: No. 933 McCulloch St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 22 18947. AGE Years 42 Months 6 Days 23 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)FATHER 13. NAME W. P.14. BIRTHPLACE (city or town) md
(State or country)MOTHER 15. MAIDEN NAME Iida Harris16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Leather Chairs
(Address) 933 McCulloch St.

18. BURIAL, CREMATION, OR REMOVAL

Mount Carmel Date Dec 17, 193619. UNDERTAKER Adolphus Harris
(Address) 1000 E. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereof, and from the evidence obtained by said inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Dec 15, 1936

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen(Address) 507 Gough St.

M. D.

Coroner

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

EC 17 1936

30127

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30127

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4144 Roland Ave St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? 76 yrs. 8 mos. 11 ds.2. FULL NAME Thomas Frank WilhelmU. S. Veteran specify WAR NONE(a) Residence: No. 4144 Roland Ave St., 13-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise C. Wilhelm6. DATE OF BIRTH (month, day, year) April 4-18607. AGE Years 76 Months 8 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr of the
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warsaw Elevator Co
10. Date deceased last worked at this occupation (month and year) October 1936 11. Total time (years) spent in this occupation 35 yrs.12. BIRTHPLACE (city or town) Balto Co. (State or country) md.13. NAME Thos. J. Wilhelm14. BIRTHPLACE (city or town) Balto Co. (State or country) md.15. MAIDEN NAME Margaret Crowther16. BIRTHPLACE (city or town) Balto Co. (State or country)17. INFORMANT Mrs. T. J. Wilhelm (wife) (Address) 4144 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec-17-3619. UNDERTAKER Stewart-Morris Co. (Address) 108 W North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936 to Dec. 15, 1936I last saw him alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis
Acute nephritisDate of onset
1936
1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/15/36For what disease or injury? ProstateWhat test confirmed diagnosis? Lab-P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James U. Todd M. D.(Address) 735 N. Fulton Ave

EC 17 1936

30128 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30128

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1600 North St. 13-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Virginia Chevrolet

(a) Residence: No. *602 W. North Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Mark Chevrolet* (or) WIFE of

7. DATE OF BIRTH (month, day, year) *May 10, 1888.*

8. AGE Years *48* Months *7* Days *65* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *N. C.*

14. NAME *John Sharp*

15. BIRTHPLACE (city or town) (State or country) *Va.*

16. MAIDEN NAME *Sophia Hunter*

17. BIRTHPLACE (city or town) (State or country) *North Carolina*

18. INFORMANT *Mark Chevrolet* (Address) *602 W. North Ave.*

19. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *Dec. 12, 1936*

20. UNDERTAKER *Harry A. Wistler* (Address) *4101 Edmondson Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 15, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 12, 1936* to *Dec. 15, 1936*

I last saw her alive on *Dec. 15, 1936* Death is said to have occurred on the date stated above, at *11:30* m.

The principal cause of death and related causes of importance were as follows: *Leukemia, lymphatic (leukemic phase).*

Date of onset

About April 1936

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) *Abraham H. Hinkle, M. D.* (Address) *Women's Hospital*

17 1936

30129

HEALTH DEPARTMENT—CITY OF BALTIMORE 16792

CERTIFICATE OF DEATH

✓ F 30129
95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Frank Winchell

If U.S. Veteran

specify WAR

(a) Residence: No. 3229 Abell Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/21/18977. AGE 39 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)13. NAME Edwin14. BIRTHPLACE (city or town) Pa. (State or country)15. MAIDEN NAME Mary Clyde16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Philad Pa Date Dec 17 193619. UNDERTAKER John C. Miller (Address) 2135 E. Alameda St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 193622. I HEREBY CERTIFY, That I attended deceased from August 31, 1936 to December 16, 1936I last saw him alive on December 16, 1936 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Coronary occlusion
myocardial failure

Date of onset

Aug 1936Aug 1936Aug. 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of September 1936
Exploration of

For what disease or injury?

pericardiumClinical and pathologicalWhat test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify.

(Signed)

H. A. de Santelle

M. D.

(Address) Baltimore City Hospitals

C 17 1936

EC 17 1936

30130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St.* Ward *7-4*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen Bally Seidenstricker

If U. S. Veteran

specify WAR

(a) Residence: No. *1010 N. Washington St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *HUSBAND* (or) WIFE of *Clarence H. Seidenstricker*6. DATE OF BIRTH (month, day, year) *April 28, 1915*7. AGE Years *21* Months *7* Days *17* If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1007* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *James A. Starkey*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*15. MAIDEN NAME *Anna B. Hall*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*17. INFORMANT *Clarence H. Seidenstricker* (Address) *1010 N. Washington St.*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore Cemetery* Date *Dec. 17, 1936*19. UNDERTAKER *George W. Gubler* (Address) *1737 E. Eager St.*

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 17, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* and that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Phenol Poisoning

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Suicide* Date of injury *12/17/1936*Where did injury occur? *1010 N. Washington St. Balto., Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Swallowed Lysol*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Starkey, M.D.*

Coroner

M. D.

(Address) *1718 E. North Ave*

OCCUPATION is very important. See instructions on back of certificate.

C 17 1936

30131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19109

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-11 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? 8 yrs. mos. da.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2. FULL NAME Elizabeth Peldzene

If U.S. Veteran
specify WAR

(a) Residence: No. 3318 Fait Avenue

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Peldzene | | |
| 6. DATE OF BIRTH (month, day, year) 3-1-1857 | | |
| 7. AGE 79 | Years 9 | Months 16 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

| | |
|---|------------------|
| 12. BIRTHPLACE (city or town) (State or country) | Lithuania |
| 13. NAME Cerekas ? | |
| 14. BIRTHPLACE (city or town) (State or country) | Lithuania |
| 15. MAIDEN NAME ?? | |
| 16. BIRTHPLACE (city or town) (State or country) | Lithuania |

17. INFORMANT **Hospital Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place **Parsonwood Am.** Date **Dec. 19, 1936**19. UNDERTAKER **George W. Giebler**
(Address) **1737 E. Egan St.**

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **12-16, 1936**22. I HEREBY CERTIFY. That I attended deceased from **11-30, 1936** to **12-16, 1936**I last saw him alive on **12-16, 1936** Death is said to have occurred on the date stated above, at **6:30 P.M.**

The principal cause of death and related cause of importance were as follows:

Strangulated inguinal hernia Date of onset **11-28-36**

Other contributory causes of importance:

Bronchopneumonia 6 daysWas an operation performed? **yes** Date of **11-30-36**For what disease or injury? **Release of intestinal obstruction**What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) **W. H. Hoover** M. D.(Address) **Balt. City Hosp.**

C 17 1936

F 30132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-6 Ward)Length of residence in city or town where death occurred..... yrs. mos. 14 ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Francis S. Bailey(c) Residence: No. 2902 Cresmount Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 27, 19307. AGE Years Months Days If LESS than
14 1 day..... hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Wm. Bailey Jr.14. BIRTHPLACE (city or town) Ga.
(State or country)15. MAIDEN NAME Carmine Wagner16. BIRTHPLACE (city or town) Iowa
(State or country)17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

University Med Sch Date Dec 17, 193619. UNDERTAKER Commissioner of HealthPer H. A. Moore20. FILED 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1936, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came this death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Enteritis

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed)..... M. D.

(Address) 2757 W. 1st St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

MORQUE

30133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30133

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Edgevale Rd. St. 27-13 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? _____ yr. _____ mos. _____ ds.

2. FULL NAME

(a) Residence No. 511 Edgevale Rd. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
Specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced
HUSBAND of Peresa W. Stehl.
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan. 9, 1881

7. AGE Years 55 Months 11 Days 7 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Casualty
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Claim Dept. USA
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. (State or country) md.

13. NAME Julius Stehl.

14. BIRTHPLACE (city or town) Balto. (State or country) md.

15. MAIDEN NAME Elya Wilson

16. BIRTHPLACE (city or town) England (State or country) _____

17. INFORMANT Mrs. Peresa W. Stehl.

(Address) 511 Edgevale Rd.

18. BURIAL CREMATION, or other disposal Dec 18 30

Place London Park

19. UNDERTAKER Wm. H. H. H. H. H.

(Address) North & Calves

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936 to Dec 15, 1936

I last saw him live on Dec 14, 1936 Death is said to have occurred on the date stated above, at 545A

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance: General arteriosclerosis

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John B. Leger M. D.

(Address) 701 Leadenhall

17 1936

St. James M. H. H. H.

OCCUPATION is very important. See instructions on back of certificate.

F 30134 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1515 N. Broadway* St. *6* Ward)

Length of residence in city or town where death occurred *23* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Marie (Wedekind) Burkenn

(a) Residence: No. *1515 N. Broadway* St. *6* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *48*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran

Specify WALT

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Otto Burkenn*

6. DATE OF BIRTH (month, day, year) *Aug 9 1876*

7. AGE *60* Years *4* Months *7* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *New York* (State or country)

13. NAME *Louis Wedekind*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Johanna Ruschinski*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Mrs. Otto Burkenn* (Address) *1515 N. Broadway*

18. BURIAL, CREMATION, OR REMOVAL Place *Immanuel* Date *12/16/36*

19. UNDERTAKER *L. Heyman & Son* (Address) *32 S. Broadway*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/16/36*

22. I HEREBY CERTIFY, That I attended deceased from *June 15 1935* to *Dec 16 1936*

I last saw him alive on *Dec 15 1936* Death is said

to have occurred on the date stated above, at *1:50* p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of throat

Date of onset

about

2-7-30

Other contributory causes of importance:

General debility

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *microscopic* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John J. Fick*

(Address) *936 N. Monmouth St.*

17 1936

30135

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30135

CERTIFICATE OF DEATH

1727-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 76-8 St., Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Patrick Meskill

If U.S. Veteran

specify WALL

(a) Residence: No. 213 S. Eaton

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (D)

6. DATE OF BIRTH (month, day, year) 4-1-1870

7. AGE Years 66 Months 8 Days 14 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Mike

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Newman

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 19 1936

19. UNDERTAKER (Address)

Lilly & Zwickler no

17 1936

21. DATE OF DEATH (month, day, year) 12-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-17-1936 to 12-15-1936

I last saw him alive on 12-15-1936 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Rt. hip

Date of onset

8 mo.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. C. Brown M. D. Balt. City Hosp.

332341
30136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30136

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

9 Gen TaylorU.S. Veteran
specify WAR

(a) Residence: No.

420 N. Green St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

MaleWhiteMarried

6a. If married, widowed, or divorced

HUSBAND of
(or) WidowWidow

6. DATE OF BIRTH (month, day, year)

1/18/70

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.661027

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Convoy Sign Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Ill. C

FATHER

13. NAME

Charles Taylor14. BIRTHPLACE (city or town)
(State or country)Ill. C

MOTHER

15. MAIDEN NAME

Annie Taylor16. BIRTHPLACE (city or town)
(State or country)Ill. C

17. INFORMANT

(Address)

Records -
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/18 1936

19. UNDERTAKER

(Address)

Henry W. Mears
805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 8, 1936 to Dec. 15, 1936I last saw him alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach
Post-operative Bronch-
pneumoniaDate of onset
May 1936

Other contributory causes of importance:

Was an operation performed? YesDate of 12/9/36

For what disease or injury?

Carcinoma StomachWhat test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Edward S. Stafford
Johns Hopkins Hospital

(Address)

C 17 1936

Registrar

30137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30137

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Baby Boy ANDERSONIf U.S. Veteran
specify WAR

(a) Residence: No.

313 North PINE St. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>MALE</u> | 4. Color or Race <u>Black</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
|-----------------------|----------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) December 13, 1936

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, 12 hrs. or 35 min. |
|--------|-------|--------|------|--|

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.NONE9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)13. NAME John Anderson14. BIRTHPLACE (city or town) MARYLAND
(State or country)15. MAIDEN NAME HAURA BUCK16. BIRTHPLACE (city or town) MARYLAND
(State or country)17. INFORMANT Father (John Anderson)
(Address) 313 N. PINE ST.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Dec 17 193619. UNDERTAKER Commissioner of Health(Address) For H. A. Moore

C 17 1936

2833

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 193622. I HEREBY CERTIFY, That I attended deceased from
December 13, 1936 to December 14, 1936I last saw him alive on December 14, 1936 Death is said
to have occurred on the date stated above, at 9³⁰ A. M.The principal cause of death and related causes of
importance were as follows:INTRACRANIAL HEMORRHAGE

Data of onset

Other contributory causes of importance:

PREMATURITYWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Howard

M. D.

(Address)

University Hospital

30138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30138

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Name for Decedent 13-7*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *407 + Desoria Road* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 10, 1860*

| | | | | |
|-----------|-----------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <i>76</i> | <i>26</i> | <i>2</i> | <i>6</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *William P. Waxler*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Elizabeth M. Spruill*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT *Hospital Records*
(Address) *Name for Decedent*

18. BURIAL, CREMATION, OR REMOVAL

Place *Eastern Ave. Dec. 18, 1936*19. UNDERTAKER *Wm. O. Hartshill & Sons*
(Address) *1700 East Ave*20. DATE OF DEATH *Dec. 18, 1936*21. TIME OF DEATH *11:17 AM*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16*, 193622. I HEREBY CERTIFY. That I attended deceased from *Oct. 4, 1928*, 19 to *Dec. 16*, 1936I last saw him alive on *Dec. 15*, 1936. Death is said to have occurred on the date stated above, at *1:58 PM*

The principal cause of death and related causes of importance were as follows:

Chronic myo carditis 4 yrs. with acute cardiac dilatation

Other contributory causes of importance:

*Obesity*Was an operation performed? *no* Date ofFor what disease or injury? *none*Name of operation *none* Date ofWhat test confirmed diagnosis? *P.E.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fall in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. O. Hartshill & Sons*(Address) *1700 East Ave*

M. D.

17 1936

OCCUPATION is very important. See instructions on back of certificate.

30139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30139

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 S. Wolfe

2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Anthony Kulski

If U.S. Veteran
specify WAR

(a) Residence: No. 239 S. Wolfe

St., 2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Frances Kulski
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Wawrzyn Kulski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Anna Kinkowski

16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs. Frances Kulski (Wife)
(Address) 239 S. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Dec. 19, 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chesapeake

17 1936

Huntington Hill, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 10, 1936 to Dec. 16, 1936

I last saw him alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Atherosclerosis
Chr. Hypertension
Chr. Myocarditis

Other contributory causes of importance:

Acute myocardial dilatation (Chr.)
& acute pulmonary congestion

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

reg. E. R. R. & Co.

30140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30140

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Foster Ave., St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth 36 yrs. mos. da.

2. FULL NAME Boleslaus Ambrozy

If U.S. Veteran

specify WAR

(a) Residence: No. 2609 Foster Ave. (Usual place of abode)

St. 1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Clara Ambrozy
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 1885

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 51 | 6 | 25 | 26 |

| | | |
|------------|---|--------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Labor Grave Digger |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | New Cathedral Cem |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | 40 |

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Joseph Ambrozy

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Eva Bartnikowska

16. BIRTHPLACE (city or town) poland
(State or country)17. INFORMANT Mrs. Clara Ambrozy (Wife)
(Address) 2609 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Dec. 19, 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chesapeake

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from

Dec. 15, 1936, to Dec. 16, 1936

I last saw him alive on Dec. 16, 1936. Death is said

to have occurred on the date stated above, at 10:24 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset
Dec. 15, 1936

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? P.S. & S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) John J. Keiser

(Address) 2627 Easton Ave.

M. D.

F 30141

30141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3538 Greenmount Ave. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bertha M. Rindler

If U. S. Veteran

specify WAR

(a) Residence: No. 3538 Greenmount Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Louis C. Rindler (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1898

7. AGE Years 38 Months 1 Days 26 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

13. NAME Emil Petroff

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Annie M. Nelson

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Louis E. Rindler (Address) 3538 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Phila, Pa. Date 12/18/36

19. UNDERTAKER Margaret E. Flynn (Address) 1722 1/2 St. N. W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Toxemia

Other contributory causes of importance:

Second degree burns of body

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chemist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 27, 1936

Where did injury occur? 3538 Greenmount Ave. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home (Home not on fire)

Manner of injury Gun caught fire from

Nature of injury cigarette while asleep.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address) 1718 E. North Ave.

Coroner

M. D.

17 1936

Registrar

30142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2104 Allendale Rd* St. *5-8* Ward *8*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *77* yrs. *0* mos. *20* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nellie Daise

If U.S. Veteran

specify WAR

(a) Residence: No.

2104 Allendale Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Female**White**Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

MARCH 19, 1859

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*About 77**8**26*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

FATHER

13. NAME

John Doyle

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Catherine Gidney

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

*Mrs. Edna Loeckiger
2104 Allendale Rd*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Catholic*Date *2/8/36*

19. UNDERTAKER

(Address)

John J. Fikey, 1318 Light St.

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 15, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 11, 1936* to *Dec. 15, 1936*I last saw her alive on *Dec. 14, 1936* Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis and
Myocardial Degeneration
Arteriosclerosis*

Date of onset

?

?

Other contributory causes of importance:

Chronic Nephritis

?

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

*J. W. Shunk M. D.
1318 Light St.*

30143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 9-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. mos. ds.

2. FULL NAME

Bradley Brown

If U. S. Veteran

specify WAR

(a) Residence: No.

Rockville, Md.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Unknown*

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.*22*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Laborer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Contracting*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Rockville Md.*

13. NAME

*Bradley Brown*14. BIRTHPLACE (city or town)
(State or country)*Unknown*

15. MAIDEN NAME

*Laura*16. BIRTHPLACE (city or town)
(State or country)*Unknown*

17. INFORMANT

Patent

18. BURIAL, CREMATION, OR REMOVAL

Place *Rockville, Md.* *Dec 20, 1936*

19. UNDERTAKER

Robert L. Snowden

(Address)

Rockville Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 17, 1936*22. I HEREBY CERTIFY. That I attended deceased from
*Dec 10, 1936 to Dec 17, 1936*I last saw him alive on *Dec 17, 1936* Death is said
to have occurred on the date stated above, at *1:30* p.m.The principal cause of death and related causes of
importance were as follows:*Pneumococcus meningitis*

Date of onset

12-8-36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Spinal puncture

Date of

What test confirmed diagnosis?

Was there an autopsy?

*No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature) *Francis D. Schwenker* M. D.

(Address)

Sydenham Hospital

C 18 1936

F 30144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St., *9-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

No Record

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Larry H. Z. Wright</i> (or WIFE of <i>Larry H. Z. Wright</i>) | | |
| 6. DATE OF BIRTH (month, day, year) <i>Dec. 25, 1883</i> | | |
| 7. AGE | Years <i>52</i> | Months <i>11</i> |
| | Days <i>20</i> | If LESS than 1 day, hrs. or min. <i>21</i> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Commissioner</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Merchant</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) *Balto.*
(State or country) *MD.*13. NAME *John T. Wright*14. BIRTHPLACE (city or town)
(State or country) *Va.*15. MAIDEN NAME *Eva Grouse*16. BIRTHPLACE (city or town)
(State or country) *Va.*17. INFORMANT *Larry H. Z. Wright*
(Address) *1928 E. 31st St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *David Ridge* Date *Dec 18, 1936*19. UNDERTAKER
(Address) *1217 St Paul St*

20. FILED

EC 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 18, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *custody* thereon and from the evidence (Inquest, Autopsy, or Inquiry)obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker*(Address) *1919 E. North Ave.*

Coroner

M. D.

F 30145

F 30145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Oakley Rd. 27-8 Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran No Record specify WAR

2. FULL NAME

(a) Residence: No. 502 Oakley Rd. Ward 8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If ~~married~~ widowed, or ~~divorced~~ Widowed of James Wesley Dr Shou (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 14th 18597. AGE Years 77 Months 4 Days 1 If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Port Deposit Md (State or country)13. NAME Miles Copps14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME ? Hancock16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT May Greiner (Address) 502 Oakley Rd18. BURIAL, CREMATION, OR REMOVAL London York Date 12/1819. UNDERTAKER William York (Address) 1217 St James St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th 193622. I HEREBY CERTIFY. That I attended deceased from Dec 15th 1936 to Dec 17th 1936I last saw him alive on Dec 17th 1936 at 7:30 P. M. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Anemia
Myocarditis
Hypertension

Other contributory causes of importance:

acute pulmonary edemaWas an operation performed? No Date of 12/15/36

For what disease or injury?

Name of operation feeding Date of 12/15/36What test confirmed diagnosis? feeding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. H. York M. D.(Address) 1217 St James St

EG 13 1936

30146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30146

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Chester St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ^{Life} yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 927 N. Chester St., Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, Widowed, Divorced (write the word) Widowed5a. If ~~married~~ widowed, ~~unmarried~~ HUSBAND of Elizabeth Josephick6. DATE OF BIRTH (month, day, year) Jan 13th 1886

7. AGE Years 50 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME James Josephick

14. BIRTHPLACE (city or town) Czechoslovakia (State or country)

15. MAIDEN NAME Francis Braha

16. BIRTHPLACE (city or town) Czechoslovakia (State or country)

17. INFORMANT Matilda Brill (Address) 927 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date Dec 19th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1st to Dec 16th 1936I last saw him alive on Dec 16th 1936 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Spleen

Date of onset

Nov 13th

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Ryan M. D.

(Address) 201 E. Frederick St

OCCUPATION is very important. See instructions on back of certificate.

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EC 18 1936

F 30147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30147

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Marmou Ave Ward 28-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran, specify WAR Reard

2. FULL NAME

William John Ernst(a) Residence: No. 3505 Marmou Ave

(Usual place of abode)

Ward. Therav Park
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed
Married (write the word)5a. If married, with Wife or divorced
HUSBAND of Minnie W. Ernst6. DATE OF BIRTH (month, day, year) Feb 9th 18827. AGE Years 54 Months 10 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month and year) 11/10/36 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME John Ernst14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Louise16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Minnie W. Ernst(Address) 3505 Marmou Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 9th 193619. UNDERTAKER Wm Cook(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 193622. I HEREBY CERTIFY, That I attended deceased from July 1930, to Dec 16th 1936I last saw him alive on Dec 15th 1936 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma

Other contributory causes of importance:

Acute cardiac dilatationWas an operation performed? No Date of

For what disease or injury?

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Dr. Quick M. D.(Address) 4710 Liberty St

DEC 13 1936

30148

HEALTH DEPARTMENT—CITY OF BALTIMORE 30148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2551 W North Ave* St., *5-3* Ward)Length of residence in city or town where death occurred *37* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2551 W North Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Widowed of Paul Schling*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 13-1899*7. AGE *87* Years Months *10* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *103*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto*
(State or country) *Maryland*13. NAME *George Hoard*14. BIRTHPLACE (city or town) *Balto*
(State or country) *Maryland*15. MAIDEN NAME *Marie B. Oble*16. BIRTHPLACE (city or town) *Balto*
(State or country) *Maryland*17. INFORMANT *Mrs. Shirley Cole*
(Address) *2551 W North Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Yorvan Presbyterian* Date *Dec. 18, 1936*19. UNDERTAKER *John J. Lenny*
(Address) *715 Light St.*20. FUNERAL HOME *Funeral Home*
(Address) *1403 N Broadway*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 15, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 10, 1936* to *Dec 15, 1936*I last saw him alive on *Dec 15, 1936* Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Dec 8

Other contributory causes of importance:

Acute Endocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John S. Avery* M. D.(Address) *1403 N Broadway*

OCCUPATION is very important. See instructions on back of certificate.

C-18 1936

F 30149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30149

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 East Cross St., 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. da.If U.S. Veteran
specify WAR

2. FULL NAME

Sarah Emma Nash(a) Residence: No. 319 East Cross St., 24-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of William A. Nash
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 6 18607. AGE Years 76 Months 11 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) Mo.FATHER 13. NAME Thomas Jones
14. BIRTHPLACE (city or town) Baltimore
(State or country) Mo.MOTHER 15. MAIDEN NAME Ann Patterson
16. BIRTHPLACE (city or town) Baltimore
(State or country) Mo.17. INFORMANT Charles E. Nash
(Address) 319 E. Cross St.18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Dec 19, 193619. UNDERTAKER
(Address) John P. Denny
715 Light St.

20. FIELD

DEC 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 193622. I HEREBY CERTIFY, That I attended deceased from November 20, 1936 to December 16, 1936I last saw her alive on December 15, 1936 Death is said to have occurred on the date stated above, at 7.55 AM

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Cardiac Hypertension
Cerebral Hemorrhage

Date of onset

Nov 20,
1936

Other contributory causes of importance:

Capillary BronchitisDec 13,
1936Was an operation performed? no Date of

For what disease or injury?

Physical Examination
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: (Specify city or town, county, and State)

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) J. Edward Norris M. D.(Address) 107 East west street

30150

HEALTH DEPARTMENT—CITY OF BALTIMORE

30150

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3247 Belmont Ave St., 16-7 Ward)Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Elizabeth Mark Mc Gee(a) Residence: No. 3247 Belmont Ave

(Usual place of abode)

St.,

Ward.

If U.S. Veteran

specify War

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofH. George Mc Gee6. DATE OF BIRTH (month, day, year) July 25, 1859

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.77421

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Frederick Md

FATHER

13. NAME

Lemuel Mark

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Susan Pease

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Emma R. Mc Gee

(Address)

3247 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine ParkDate Dec 19, 1936

19. UNDERTAKER

(Address)

John F. Denny
715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936, to Dec 16, 1936I last saw him alive on Dec 15, 1936. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis+ cerebral hemorrhage

Date of onset

9401936

Other contributory causes of importance:

hypocardial degeneration
for many yearsWas an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Stansbury714 Park Ave

M. D.

C-18 1936

30151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *401 Patapsco Ave* *Brooklyn* *215* *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME *Hazel E. Coulbourn*

If U.S. Veteran specify WAR

(a) Residence: No. *401 Patapsco Ave* *ST* Ward. *215* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 15 1906*

7. AGE Years *30* Months *10* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stenographer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mexican Petroleum Corp*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Brooklyn* (State or country) *md*

13. NAME *Joseph A Coulbourn*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

15. MAIDEN NAME *Katie Lang*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

17. INFORMANT *Mrs Katie Coulbourn* (Address) *401 Patapsco Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Cedar Hill* Date *Dec 19, 1936*

19. UNDERTAKER *John F Denny* (Address) *715 E. 1st St*

20. FIL'D *18 1536* *W*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *July* *1934* to *Dec* *1936*

I last saw her alive on *Dec-10* *1936* Death is said to have occurred on the date stated above, at *11:30* a.m.

The principal cause of death and related causes of importance were as follows:

uremia
Oxalocystitis - bilateral

Date of onset *12/10/36*

Other contributory causes of importance:

bilateral Nephrocalcinosis -
stag-horn kidneys

Was an operation performed? *yes* Date of *11/13* *11/36*
For what disease or injury? *Kidney STONES*

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Paul Lush* M. D.

(Address) *320 Patapsco Ave -*

30152

12708

✓ E 30152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

William O. KleyIf U.S. Veteran
specify WAR(a) Residence: No. 149 W. Cross St. St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-6-18717. AGE Years 65 Months 8 Days 7 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 4012. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Richard14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Mary Randlen16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Dec 18 193619. UNDERTAKER Phoy O. Oakes
(Address) 1000 7th Street

20. DIED

C 13 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 193622. I HEREBY CERTIFY. That I attended deceased from 7-6 1932 to 12-13 1936I last saw him alive on 12-13 1936 Death is said to have occurred on the date stated above, at 445 A.

The principal cause of death and related causes of importance were as follows:

ThrombosisDate of onset
3 mths

Other contributory causes of importance:

Hypertensive Cardio-vascular Renal
DiseaseWas an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) tell in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

John L. Rarney
Baltimore City Hospital

M. D.

F 30153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59 ✓

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Payson St. 21-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie E Strippy

If U. S. Veteran specify WAR

(a) Residence: No. 1128 W Hamburg St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Strippy6. DATE OF BIRTH (month, day, year) Oct 11 18767. AGE Years 60 Months 2 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) April
11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Baltimore (State or country) mdFATHER 13. NAME John Frank
14. BIRTHPLACE (city or town) Baltimore (State or country) mdMOTHER 15. MAIDEN NAME Annette Morgan
16. BIRTHPLACE (city or town) Baltimore (State or country) md17. INFORMANT Mrs Norman Strippy
(Address) 1128 W Hamburg St18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cem Date Dec 19 193619. UNDERTAKER Charles P Towell
(Address) 2421 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 193622. I HEREBY CERTIFY. That I attended deceased from 10-29 1936 to 12-15 1936I last saw her alive on 12-15 1936 Death is said to have occurred on the date stated above, at 8:21 P.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Polycystic Kidneys Bilateral Date of onset 10/29/36Other contributory causes of importance: Acute Cardiac Failure 12/15/36Was an operation performed? no Date of

For what disease or injury?

Name of operation Cerebral Date ofWhat test confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Joseph B. Laukaitis M. D.
(Address) 1679 Washington Blvd.

C 10 1530

Huntington Baltimore, Md

30154

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30154

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Germon Palmer (19415)

If U.S. Veteran

specify WAR

(a) Residence: No. 925 Shields Place

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1899

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 37 | 7 | 4 | | |

| | | | |
|------------|---|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| | 10. Date deceased last worked at this occupation (month and year) | | |

12. BIRTHPLACE (city or town)
(State or country) ??

13. NAME Charles (D)

14. BIRTHPLACE (city or town)
(State or country) ??

15. MAIDEN NAME Katie ??

16. BIRTHPLACE (city or town)
(State or country) ??17. INFORMANT Hospital Records
(Address)

18. MANNER, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1936

22. I HEREBY CERTIFY. That I attended deceased from December 11, 1936 to December 16, 1936

I last saw him alive on December 16, 1936. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset
Oct.
1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leah H. Seldman M. D.
(Address) Baltimore City Hospitals

EC 18 1936

30155 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Widener Hospital* St., *11* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *11* yrs. *11* mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1001 Linden Ave.* St., *11* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *10*6. DATE OF BIRTH (month, day, year) *Aug 3, 1933*7. AGE *3* Years *4* Months *11* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Charles Linders*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Rose Linders*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Ruth Steward*(Address) *1001 Linden Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *McAlister* Date *12/18/36*19. UNDERTAKER *Bernard P. Steward*(Address) *818 David Hill Ave.*20. FILED *12-18-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 14, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows: *1026, 224, Date of onset**Perforated Stomach*

Other contributory causes of importance:

Ulcers (Probably Peptic)

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Cham*

Coroner

M. D.

(Address) *1216 Hampden*

0156

F 30156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1107 Aisquith* St., *27-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *36* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *36* yrs. *0* mos. *0* ds.

2. FULL NAME

Samuel O. Anderson

If U.S. Veteran specify WAR

(a) Residence: No.

2603 List and St., *27-2* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

February 2nd 1883

7. AGE

53 yrs

Years

53

Months

10

Days

15

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shleman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ar. B. Co. Md.

FATHER

13. NAME

William A. Anderson

14. BIRTHPLACE (city or town) (State or country)

Ar. B. Co. Md.

MOTHER

15. MAIDEN NAME

Sarah E. Scrivener

16. BIRTHPLACE (city or town) (State or country)

Ar. B. Co. Md.

17. INFORMANT

Mrs. S. M. D. Wall
(Add: *2603 List and*)

18. BURIAL OR REMOVAL

Buried in *Ar. B. Co. Md.* *12/20/36*

19. UNDERTAKER

Henry Speck
(Add: *1301 E. 1st St.*)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Dec. 17*19*36*22. I HEREBY CERTIFY, That I attended deceased from *Sept* *1936* to *Dec 17, 1936*I last saw deceased on *Dec 16, 1936* Death is said to have occurred on the date stated above, at *1:30* p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Dec 17

Other contributory causes of importance:

*Myocarditis*19*35*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *✓* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Ed. J. Cunningham* D.(Address) *9858 Maryland Rd.*

EC 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

30157

30157

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

704 N. Hollington St. 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary J. Hart

(a) Residence: No.

704 N. Hollington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *James J. Hart*

6. DATE OF BIRTH (month, day, year) *Aug. 5 - 1890*

7. AGE Years *46* Months *4* Days *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Burns

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Busch

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

James J. Hart 704 N. Hollington

18. BURIAL, CREMATION, OR REMOVAL

Place

*Holy Redeem*Date *Dec. 19, 1936*

19. UNDERTAKER

(Address)

William T. Schaeffer 1644 E. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16, 1936*

22. I HEREBY CERTIFY That I attended deceased from

*Nov 15, 1936 to Dec 16, 1936*I last saw her alive on *Dec 16, 1936* Death is saidto have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset *Nov*

Other contributory causes of importance:

Pharyngitis

2ds

Name of operation *none* Date of *no*What test confirmed diagnosis *chest* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *W. T. Schaeffer* M. D.(Address) *1644 E. ...*

DEC 18 1936

REGISTERED

W. T. Schaeffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30158

F 30158

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 So Fulton Ave ST. WARD) 19-4

2—FULL NAME

George Matthew Burton Miller

(a) RESIDENCE NO.

117 So Fulton Ave ST.WARD 19th

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. — ds. ✓ How long in U. S. if foreign birth? Life time

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

(a) If married, widowed, or divorced

HUSBAND of (or) WIFE of

Annie J. Miller6 DATE OF BIRTH (month, day, and year) Aug 24, 18857 AGE Years 71 Months 3 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

State of Maryland

9 BIRTHPLACE (city or town) (State or country)

Baltimore Co. Md.

10 NAME OF FATHER

Henry Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Susannah Blottenberger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore Co. Md.

14

Informant

Edward P. Miller

(Address)

411 Gorman Ave

15

EC 18 1936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 36.17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936, to Dec. 15, 1936.that I last saw him alive on Dec. 15, 1936and that death occurred, on the date stated above, at 4.15 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. 1 ds.18 Where was disease contracted if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical methods

(Signed)

George C. Shannon M. D.12/15, 1936 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR RE-MOVAL

DATE OF BURIAL

MOVAL

St. Paul Cemetery 12/18/36

20 UNDERTAKER

P. B. Wipf 180 St. Peter

F 30159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E. Biddle St. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME WILLIAM OHLGART Jr.

(a) Residence: No. 415 E. Biddle St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5th, 1874

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 62 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deposit Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Ohlgart

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Elizabeth Schwam

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George Ohlgart (Address) 415 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 19th, 1936

19. UNDERTAKER (Address) Charles F. Bruce & Son 118 W. Mt. Royal Ave

20. DATE OF DEATH DEC 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17th, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 1, 1936, to Dec 17, 1936

I last saw him alive on Dec 16, 1936. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation Pulmonary Edema

Other contributory causes of importance:

Myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 4037 Fallb Rd

0160

F 30160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2016* *Hunter* St., Ward.

(Usual place of abode)

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 6, 1896*7. AGE Years *40* Months *7* Days *10* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *3* 11. Total time (years) spent in this occupation *20*

FATHER

MOTHER

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

Address

Address

Address

Address

Address

Address

Address

Address

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 14, 1936* to *Dec. 16, 1936*I last saw him alive on *Dec. 16, 1936* Death is said to have occurred on the date stated above, at *7:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, at lower lobe.

Date of onset

Dec 14

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed: *James P. Carr* M. D.(Address) *515 Mosher St.*

DEC 18 1936

30161

18928

F 30161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Laura V. WolfIf U.S. Veteran
specify WAR(a) Residence: No. 1112 E. 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of August (Dead) Wolf
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-17-18557. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 8 29OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)FATHER 13. NAME Eliza Emory
14. BIRTHPLACE (city or town) Baltimore Md
(State or country)MOTHER 15. MAIDEN NAME Laura Gillen
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Date 12-19 1936

19. UNDERTAKER

(Address) Frederick A. Cole
1200 W. Lombard St

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 193622. I HEREBY CERTIFY, That I attended deceased from 11-23 1936 to 12-16 1936I last saw her alive on 12-16 1936 Death is said to have occurred on the date stated above, at 10³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 1 wk

Other contributory causes of importance:

Was an operation performed? no

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) John F. Rainey M. D.(Address) Baltimore City Hospital

30162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30162

CERTIFICATE OF DEATH

V 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534-Holbrook Street St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Jenkins

U.S. Veteran
specify WAR(a) Residence: No. 1534-Holbrook Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Charles H. Jenkins
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/11/1851

7. AGE 85 Years 3 Months 5 Days If LESS than 1 d X X X min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME ? Ryan
14. BIRTHPLACE (city or town) Ireland
(State or country)MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ..
(State or country)17. INFORMANT Charles H. Jenkins
(Address) 1534-Holbrook Street18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 12/19/3619. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-17-1936 to Dec-16-1936

I last saw her alive on Dec-16-1936. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart Date of onset Dec 16-36

Other contributory causes of importance:

Chronic Myocarditis Jan 1936

Was an operation performed? no Date of ..

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

E. Gell Hall
1631 E. North av

M. D.

30163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 12 mos. 1 ds. How long in U. S. If of foreign birth? 12 yrs. 1 mos. 1 ds.2. FULL NAME MRS CLARA MARIE GIORORDANO (Goiordano)(a) Residence: No. 1434 MONTPEHER ST. St. CITY Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced HUSBAND of Vincent Goiordano (or) WIFE of6. DATE OF BIRTH (month, day, year) 9-24-1914 7. AGE Years 22 Months 2 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Jessie E. Root 14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Nona Braugitar 16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Jessie E. Root (Address) 1434 Montpeher St.18. BURIAL, CREMATION, OR REMOVAL 12/19/36 Place Baltimore, Md. Date19. UNDERTAKER George J. Root (Address) 1434 Montpeher St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 17 193622. I HEREBY CERTIFY. That I attended deceased from 7/8/36 1936 to 12 / 17 1936I last saw her alive on 12 / 16 1936 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis with Strep. Viridans Septicemia, with cerebral hemiplegia, right, with aneurysm ofOther contributory causes of importance: Coronary iliac artery left and Terminal CachexiaWas an operation performed? yes Date of 7/27/36 For what disease or injury? Appendicitis, acuteWhat test confirmed diagnosis? Blood culture Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) L. Clagett Reed M. D.(Address) Union Memorial Hosp.

13 1936

Thurston

30164

17256

F 30164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. Sta. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1881 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Margaret Lowdata

If U.S. Veteran specify WAR

(a) Residence: No. 34 Father St., 312 West St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFulipe Lowdata (D)

6. DATE OF BIRTH (month, day, year)

12-8-1876

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.608

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Frank Sodigressy14. BIRTHPLACE (city or town)
(State or country)Italy15. MAIDEN NAME Sopha16. BIRTHPLACE (city or town)
(State or country)unknown17. INFORMANT
(Address)Records of Balto. City Hospts

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 17/9/36 1919. UNDERTAKER
(Address)20. FILED 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-17 1936 to 12-16 1936I last saw her alive on 12-16 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

pathological fracture of Rt. femur due to carcinoma of abdominal gues, wall.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 9-17 1936Where did injury occur? Public place on street

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

(Address)

M. D.

30165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30165

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____)

St. *7-5* Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Fred Parks*

(a) Residence: No. _____

(Usual place of abode)

St., _____

Ward. _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *-*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *-*6. DATE OF BIRTH (month, day, year) *7-9-31*7. AGE Years *5* Months *5* Days *5* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *child*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Johnson City Tenn*13. NAME *Dave Parks*14. BIRTHPLACE (city or town) (State or country) *Johnson City Tenn*15. MAIDEN NAME *Kie Nelson*16. BIRTHPLACE (city or town) (State or country) *Johnson City Tenn*17. INFORMANT *Records*(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

Place *Johnson City* Date *Dec 19* 193*6*19. UNDERTAKER *Dean Horton*(Address) *Belair Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 23* 19*36* to *Dec 17* 19*36*I last saw him alive on *Dec 17, 1936* Death is said to have occurred on the date stated above, at *845* p.m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus

Date of onset _____

over

Other contributory causes of importance: _____

Was an operation performed? *yes* Date of *Nov 3 and*For what disease or injury? *Hydrocephalus* *Nov 24 1936*What test confirmed diagnosis? *operation* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *James Monroe Morgan II, M.D.*(Address) *Johns Hopkins Hospital*

C 18:1936

10. _____ Registrar

30166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S Conkling St., 96 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

If U.S. Veteran specify WAR

(a) Residence: No. 226 S Conkling St., 96 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND Margaretta Ock (or) WIFE

6. DATE OF BIRTH Dec 24 - 1860

7. AGE Years 76 Months — Days 24 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Charles Ock

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Margaretta Ock (Address) 226 S Conkling

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Dec 21 1936

19. UNDERTAKER John Ulrich (Address) 2008 Orleans

20. FILED 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1936 to December 17, 1936

I last saw him alive on December 17, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Aortic Aneurysm

Date of onset

2 yrs.

Other contributory causes of importance:

Pulmonary Aneurysm and Atherosclerosis

1 wk.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Amelia E. Link M. D.

(Address) 1717 N. Caroline St.

30167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30167

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2005 Edison Highway* Ward *26-3*)Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Sarah May Mahoney

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. *2005 Edison Highway*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *William Mahoney*
(or) WIFE6. DATE OF BIRTH (month, day, year) *Oct 10 - 1866*7. AGE Years *75* Months *2* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Harrisburg*
(State or country)13. NAME *John Braunauer Pa*14. BIRTHPLACE (city or town) *Pa*
(State or country)15. MAIDEN NAME *Don't know*16. BIRTHPLACE (city or town) *Pa*
(State or country)17. INFORMANT *William H. Derr*(Address) *2005 Edison Highway*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn* Date *Dec 19 36*19. UNDERTAKER *John Ullrich*(Address) *2008 Orleans St*20. FILED *Huntington Library*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *3-19-* 19*36* to *12-16-* 19*36*I last saw *her* alive on *12-16-* 19*36* Death is said to have occurred on the date stated above, *at home*.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease (Mitral)

Date of onset

?

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Milton A. Raug* M. D.(Address) *2117 Belair Rd*

18 1936

30168

F 30168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 Stanford Rd St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2842 Stanford Rd St. 9-6 Ward. (If non-resident give city or town and State)
(Use 1 place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Anna Hornig
(or) WIFE ofc. DATE OF BIRTH (month, day, year) May 27, 18727. AGE Years 64 Months 6 Days 18 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano Factory10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 45 1/212. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Julius Hornig
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Frieda Gerstenberg16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Ernest Hornig
(Address) 2842 Stanford Rd18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 19, 193619. UNDERTAKER John Ullrich
(Address) 2018 Orleans20. 18 1936 Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 193622. I HEREBY CERTIFY. That I attended deceased from Dec. 14, 1936 to Dec. 15, 1936I last saw him alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 8:45 P. M.

The principal cause of death and related causes of importance were as follows:

Virasemia
acutis leucocytosis
hypertension

Date of onset

202221Other contributory causes of importance:
Chronic Interstitial Nephritis

30

Was an operation performed? No Date of NoFor what disease or injury? NoneName of operation urinary & sphincter Date of Dec. 15, 1936What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Thos Fa Stornes M. D.
(Address) 2878 Stanford Rd

F 30169

F 30169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

5028 Glenoak Ave St. 27-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Mary Schmidt

(a) Residence: No. 5028 Glenoak Ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of George Schmidt (or) WIFE of

c. DATE OF BIRTH (month, day, year) Mar. 18/1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 66 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md (State or country)

13. NAME John Lantz 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine Heim

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Barbar Kahler (Address) 5028 Glenoak Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Dec. 21, 1936 Place

19. UNDERTAKER Lilly & Zeiler Inc. 403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept. 2, 1936 to Dec. 17, 1936

I last saw her alive on Dec. 17, 1936, Death is said to have occurred on the date stated above, at 5 am.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiac - 1931
vascular renal disease
Cerebral hemorrhage 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cleveland Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

S. A. Allen M. D.
6217 Harford Rd.

30170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1267 Washington Blvd. Ward 22)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Thomas R. Windsor

If U. S. Veteran specify WAR

(a) Residence: No. 1267 Washington Blvd. Ward 22
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sara Windsor6. DATE OF BIRTH (month, day, year) Oct 27, 18767. AGE 60 Years 1 Months 20 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett & Hayward Co.
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME John W. Windsor14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs Rose H. H. H.
(Address) 1267 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Ave Date 12/21/3619. UNDERTAKER John J. Coward & Son
(Address) 901 Hollins St.20. FILED AT E. L. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/193622. HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Dec 17, 1936.I last saw him alive on Dec 17, 1936. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Dec 5/36

Other contributory causes of importance:

Was an operation performed? 0 Date of 0For what disease or injury? 0 Date of 0Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? 0If so, specify 0 M. D. 0(Signed) 0 (Address) 0

C-18-1936

30171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30171

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Gilmer

St. 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Ann Vanlill

If U. S. Veteran

specify WAR

(a) Residence: No.

108 S. Gilmer

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widow |

5a. If married, widowed, or divorced

HUSBAND of Late Charles E. Van Lill
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26, 1855.

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 81 | 8 | 21 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Henry Bloom

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Pletzer

16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Harry P. Graham (Son-in-law)
(Address) 5314 Brabant Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 19, 1936

19. UNDERTAKER Harry S. Witzke
(Address) 901 Raymondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 3, 1936, to Dec 17, 1936

I last saw her alive on Dec 16, 1936. Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Ch. Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W. Lombard St

18 1936

30172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30172

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* 25-582-25 Ward)Length of residence in city or town where death occurred *aff 50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Dorothea Lacher

If U.S. Veteran

specify WAR

(a) Residence: No. *1509* Street, *Curtis Bay* Md

(Usual place of abode)

St., *Aspen* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widow, or divorced, give name of husband (or) WIFE of *Mrs. Dorothea Lacher*6. DATE OF BIRTH (month, day, year) *12/17/1836*7. AGE Years *80* Months *—* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *book*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *John Lacher*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Lacher*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Frank Lacher*(Address) *1509 Aspen St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bon Secours Hospital* 12/19/36

19. UNDERTAKER

(Address) *259 S. Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/17* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *12/5* 19*36* to *12/17* 19*36*I last saw her alive on *12/17* 19*36*. Death is said to have occurred on the date stated above, at *1:55 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Terminal Pneumonia

Date of onset

same

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Dixon M.D.
Bon Secours Hospital

M. D.

FILED
18 1936Registrar
Washington

F 30173

F 30173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Cambridge Arms Apts. 12-12* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Alice North Riepe*If U.S. Veteran specify WAR *NOVE*

(a) Residence: No.

*Cambridge Apts.*St., *12* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Harry U. Riepe</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>June - 12 - 1866</i> | | |
| 7. AGE | Years <i>70</i> | Months <i>6</i> |
| | Days <i>65</i> | If LESS than 1 day, hrs. or min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i> |
| | 10. Date deceased last worked at this occupation (month and year) <i>none</i> |
| | 11. Total time (years) spent in this occupation <i>none</i> |

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*13. NAME *James A. North*
14. BIRTHPLACE (city or town) *Caston Shore*
(State or country) *md.*15. MAIDEN NAME *Louise Melvina Crighton*
16. BIRTHPLACE (city or town) *Hooper Island*
(State or country) *md.*17. INFORMANT *Mr. Harry U. Riepe Jr. (son)*
(Address) *Cambridge Arms Apts. City.*18. BURIAL, CREMATION, OR REMOVAL
Place *Loudon Park Ceme.* Date *Dec/21/36*19. UNDERTAKER *Stewart Monro Co*
(Address) *108 W. York Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12 - 17*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *12 - 9*, 19 *36*, to *12 - 17*, 19 *36*I last saw him alive on *12 - 17*, 19 *36* Death is said to have occurred on the date stated above, at *11:20 P.m.*The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset *12-9-36*

Other contributory causes of importance: _____

Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *John U. Riepe Jr.* M. D.(Address) *1129 8th St. Paul, Md.*

18 1936

Stewart Monro Co
108 W. York Ave.
H

30174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth 74 yrs. 0 mos. 4 ds.

2. FULL NAME

Mr. Kirkland C. Buck(a) Residence: No. 231 E North Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of Ruth L. Buck. (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec. 13-18627. AGE Years 74 Months 0 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Treasurer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank (Euler)
10. Date deceased last worked at this occupation (month and year) Dec 1936 11. Total time (years) spent in this occupation 25 yrs.12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Mr. N. H. Buck14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Amanda Burton16. BIRTHPLACE (city or town) Delaware (State or country)17. INFORMANT Mr. Burton J. Buck (Address) Baltimore - 231 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Grind RidgeDate Dec 19 193619. UNDERTAKER Edward M. Morrow (Address) 231 E North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 193622. I HEREBY CERTIFY, That I attended deceased from December 1, 1936 to December 17, 1936I last saw him alive on Dec 16, 1936. Death is said to have occurred on the date stated above, at 6:25 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Pulmonary embolism

Date of onset

Other contributory causes of importance:

Gastro-enterostomy
Hypertrophy of prostateWas an operation performed? Yes Date of 12-3-36For what disease or injury? Peptic ulcer - GastricWhat test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) A. L. L. Fanning M. D.(Address) Union Mem. Hospital

18 1936

30175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19491

30175

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. *21-1*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Margaret Benson**If U.S. Veteran
specify WAR(a) Residence: No. **1205 Scott St.**St., *21-1* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|---|
| 3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|--------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of **Edgar Benson**
- (or) WIFE of6. DATE OF BIRTH (month, day, year) **12-18-1895**

| | | | | |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 40 | 11 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Balto. Md.**
(State or country)13. NAME **Wm. Lerner**14. BIRTHPLACE (city or town) **Pa.**
(State or country)15. MAIDEN NAME **Elizabeth Serma**16. BIRTHPLACE (city or town) **Germany**
(State or country)17. INFORMANT **B. C. H. Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place **Southern Park Cem.** Date **Dec. 21**, 19**36**

19. UNDERTAKER

Ambrose Inc.
(Address) **1017 N. Cross St.**

20. FILED

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **12-17**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from **12-14**, 19**36** to **12-17**, 19**36**I last saw her alive on **12-17**, 19**36** Death is said to have occurred on the date stated above, at **5:20 P.M.**

The principal cause of death and related causes of importance were as follows:

Congenital Polycystic Kidneys with uraemia

Date of onset

3 mos.

Other contributory causes of importance:

Was an operation performed? **No**

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury **19**

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital

M. D.

30176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30176

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *2752* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *68* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna M. Ayd

If U.S. Veteran specify WAR

(a) Residence: No.

4620 Harford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of Joseph M. Ayd
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Apr. 17/1868

7. AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

68

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Michael J. Willax

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

W. Brown

16. BIRTHPLACE (city or town) (State or country)

Hospital Records

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *12/22, 1936*

19. UNDERTAKER

(Address)

*Leonard J. Pugh
5305 Bradford Rd.
Huntington Williams, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 18, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 15, 1936* to *Dec. 18, 1936*I last saw her alive on *Dec. 18, 1936* Death is said to have occurred on the date stated above, at *12:57 P.M.*

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis (?)
Lobar Pneumonia, left lower lobe*Date of onset
*11-23-36**11-26-36*

Other contributory causes of importance:

*arteriosclerotic Cardiovascular Disease*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

*M. H. Gillis, M. D.
Mercy Hospital*

18 1936

30177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30177

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 W. Lexington St. 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Paul Carruthers

If U.S. Veteran specify WAR

(a) Residence: No. 1807 W. Lexington St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Taylor

6. DATE OF BIRTH (month, day, year) 1/28/86

7. AGE Years 50 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Richard Carruthers

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Mary Lowther

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Sadie C. Leatherbury (Address) 208 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 12/19/36

19. UNDERTAKER John O. Mitchell (Address) 1900 Eutaw Place

20. FILED

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/36

22. I HEREBY CERTIFY, That I attended deceased from 12/14/36 to 12/16/36

I last saw him alive on 12/16/36 at 8:30 p.m. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

12/14/36

Other contributory causes of importance:

Chronic myocarditis
Acute alcoholism

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

4 N. Fulton Ave.

M. D.

✓ F 30178

30178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hosp*
 CITY OF BALTIMORE: (No. *1000* *Caton Ave* St., *15-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *67* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hugh P. Mohler(a) Residence: No. *Garrison Bldv & Bateman Ave.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Alice Whiting Mohler

6. DATE OF BIRTH (month, day, year)

1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

67

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *15*

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME *Isaac Mohler*

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

*Unknown*17. INFORMANT *Mr. Algernon S. Gardiner*(Address) *1510 K. St. N.W. Washington*

18. BURIAL, CREMATION, OR REMOVAL

*D. C.*Place *Greenmount Cem* Date *Dec. 19 1936*

19. UNDERTAKER

Henry W. Means & Son
(Address) *805 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 18, 1936*22. I HEREBY CERTIFY, That I attended deceased from *July 1st* 1936 to *December 18th* 1936I last saw him alive on *December 17th* 1936 Death is said to have occurred on the date stated above, at *9:49 A.M.*

The principal cause of death and related causes of importance were as follows:

Hypertrophic Arthritis
Cardio-Vascular Failure

Date of onset

*1912**12-17-36*

Other contributory causes of importance:

*Extreme Cachexia**June 1936*Name of operation *No*

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Louis S. Cleveland* M. D.(Address) *St. Agnes Hospital*

18 1936

Thurston

30179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30179

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 Pilgrim Road St. 27-6 Ward)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Irene Janice Mullen

(a) Residence: No. 5614 Pilgrim Road

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Infant |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) June 17th. 1933 | | |
| 7. AGE 3 | Years 6 | Months 0 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland | | |
| 13. NAME John T. Mullen | | |
| 14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland | | |
| 15. MAIDEN NAME Bertha O. Tober | | |
| 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland | | |
| 17. INFORMANT John T. Mullen (Address) 5614 Pilgrim Road | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Moreland Cemetery Date Dec. 19th. 1936 | | |
| 19. UNDERTAKER Fredrick Lassman (Address) 7401 Belair Road | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec. 17th. 1936**

22. I HEREBY CERTIFY, That I attended deceased from

1934 to **Dec 17th. 1936**I last saw her alive on **Dec 17** 1936. Death is said to have occurred on the date stated above, at **6.30 P.M.**

The principal cause of death and related causes of importance were as follows:

**Chronic Endocarditis
Cardiac Hypertrophy**

Date of onset

?

Other contributory causes of importance:

Chronic Nephritis**2 mo**

Was an operation performed?

No

Date of

born

For what disease or injury?

NoneWhat test confirmed diagnosis **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

**George P. Wipeig
14000 Redmond Ave**

M. D.

18 1936

Hamilton Mullen

30180

HEALTH DEPARTMENT—CITY OF BALTIMORE

30180

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *B.O. Army Bldg. 4-1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

*Albert Cooper**Loring Ave Elbridge Md*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <i>Blanche Cooper</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>April 9/1877</i> | | |
| 7. AGE Years <i>59</i> | Months <i>8</i> | Days <i>9</i> |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Clerk B.O.</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Railroad</i> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *Albert Cooper*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Mellie Gardner?*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Blanche Cooper*
(Address) *Loring Ave Elbridge*18. BURIAL, CREMATION, OR REMOVAL
Place *Pleasant Hill* Date *Dec. 21* 19*36*19. UNDERTAKER *J. F. Eline & Sons*
(Address) *Prestonsburg Md*20. FILED *Stamington*

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 18* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *June* 19*35* to *Dec 18* 19*36*I last saw him alive on *Dec 17* 19*36* Death is saidto have occurred on the date stated above, at *4 1/2* m.

The principal cause of death and related causes of importance were as follows:

*Acute dilatation of heart**Chronic Myocarditis*

Other contributory causes of importance:

*Diabetes Mellitus**General Arterio Sclerosis**Hypertension*Was an operation performed? *no* Date of *June 1935*For what disease or injury? *no*What test confirmed diagnosis? *heart* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no* 19*36*Where did injury occur? *no* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *no*Manner of injury *no*Nature of injury *no*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *no*(Signed) *A. B. Blumhagen* M. D.(Address) *Elbridge Md*

F 30182

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30182

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 11-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *11* mos. *11* ds. How long in U. S. If of foreign birth? *10* yrs. *11* mos. *11* ds.

2. FULL NAME

(a) Residence: No. *1025 E. Towson Street* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1948*7. AGE • Years *88* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *0000*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Anderson*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Anderson*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Marie Barry* (Address) *535 Welles St*18. BURIAL, CREMATION, OR REMOVAL *777 Calver St* Date *12/19* 193619. UNDERTAKER *Raymond Sanders* (Address) *1473 E. Preston St.*19 1936 *St. Joseph's Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 15* 193622. I HEREBY CERTIFY, That I attended deceased from *Dec 4* 1936 to *Dec 15* 1936I last saw him alive on *Dec 15* 1936 Death is said to have occurred on the date stated above, at *9 30* m.

The principal cause of death and related causes of importance were as follows:

*Def. diaphragmatic aortic aneurysm ruptured (Cause unknown)*Date of onset *?*

Other contributory causes of importance:

*Desimilitude*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *-* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of Injury *-* 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Austraw* M. D.(Address) *St. Joseph's Hospital*

Dr. Hann
1215-24 F 30183

30183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Grayson St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence (Inquest, Autopsy or Inquiry) _____

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

19 1936

30184

F 30184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. Lanvale St. 17-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME

Esther Miller

(a) Residence: No. 19 E. Lanvale St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Miller

6. DATE OF BIRTH (month, day, year) March 11, 1910

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 26 | 3 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Ill.

13. NAME (Father) Davis

14. BIRTHPLACE (city or town) Chicago (State or country) Ill.

15. MAIDEN NAME ? Dorsey

16. BIRTHPLACE (city or town) Illinois (State or country)

17. INFORMANT Mr. Charles Miller (Address) 19 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date December 19, 1936

19. UNDERTAKER (Address) 1007 N. Baltimore St.

20. REGISTRAR (Address) 1007 N. Baltimore St.

21. DATE OF DEATH (month, day, year) 12/17/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/1936

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an inquest, and from the evidence obtained by said inquest, Autopsy or Inquiry

that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Corolla + Buchlorde
Poisoning

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 12/17/1936

Where did injury occur? Bullets

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Home

Nature of injury Drank Buchlorde 7/7 & Lysol (Poison)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ervin B. Hall

(Address) 1031 St. Paul St.

Coroner

1936

F 30185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30185

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1101 Born Ct* St. *18* Ward *2*)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* mos. *18* ds. How long in U. S. If of foreign birth? *1* yrs. *18* mos. *18* ds.

2. FULL NAME

(a) Residence: No. *1101 Born Ct* St. *18* Ward *2*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Div.*

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *44* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Vertine*16. BIRTHPLACE (city or town) (State or country) *md.*17. INFORMANT *Jas M Deat*(Address) *1101 Born Ct*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int* *Suburn* Date *Dec 19, 1936*19. UNDERTAKER *Mr Kate R Williams*(Address) *322 S Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 16* *1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 11* *1936* to *Dec 16* *1936*I last saw h. alive on *Dec 16* *1936*. Death is said to have occurred on the date stated above, at *4 p* m.

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*Date of onset *Dec 8*

Other contributory causes of importance:

Pneumonia *Dec 8*Name of operation *NO*

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Horror*(Signed) *Jas M Deat*

(Address)

M. D.

13 1936

A.D. 1936
30186

F 30186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Quinden Ave 11-4 Ward)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs. Selma BeardsIf U. S. Veteran
specify WAR(a) Residence: No. 913 Quinden Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Henry Beards
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18757. AGE 61 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME George W. Moody14. BIRTHPLACE (city or town) Ua.
(State or country)15. MAIDEN NAME Catherine Moody16. BIRTHPLACE (city or town) Ua.
(State or country)17. INFORMANT Mrs. Mary J. Beards
(Address) Ward 818. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Dec 70 19 3619. UNDERTAKER Josephus Hartman
(Address) 1000 Grand Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 19 3622. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Cardiac Failure
Vascular
10/1
1936

Other contributory causes of importance:

Was an operation performed? No Date of 10/1

For what disease or injury?

Name of operation None Date of 10/1What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 10/1Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.(Address) 500 S. Washington

DEC 29 1936

19

Registrar.

F 30187 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30187

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5120 Craig Ave St., 97-10 Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME

Sarah Barnes Willey
(a) Residence: No. 5120 Craig Ave St., 97-10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of Chas. Edward Willey

6. DATE OF BIRTH (month, day, year) Oct 4th 1857

7. AGE Years 79 Months 2 Days 14 If LESS than 1 day... hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Burlington Co. N.J. (State or country)

13. NAME Jonathan Brown

14. BIRTHPLACE (city or town) Burlington Co. N.J. (State or country)

15. MAIDEN NAME Hulda Barnes

16. BIRTHPLACE (city or town) Burlington Co. N.J. (State or country)

17. INFORMANT Russell L. Willey (Address) 5120 Craig Ave

18. BURIAL, CREMATION, OR REMOVAL Cremation Date Dec 21st 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 20-1336 Registrar St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Dec 17 1936

I last saw her alive on Dec 17 1936. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clifford Howell M. D.

(Address) Towson, Md

F 30188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home Infirmary*CITY OF BALTIMORE: (No. *1-3*)St. *1-3* WardRegistered No. *11, Record*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

specify WAR

2. FULL NAME *James E. Gifford*(a) Residence: No. *2542 Fleet*St. *1-3* Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *James E. Gifford*6. DATE OF BIRTH (month, day, year) *16-1871*7. AGE Years *65* Months *11* Days *2* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Fin Decorating Co* 10. Date deceased last worked this occupation (month and year) *8/8/36* 11. Total time (years) spent in this occupation *13*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*13. NAME *James E. Gifford*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*15. MAIDEN NAME *James E. Gifford*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*17. INFORMANT (Address) *1111 E. Gifford*18. BURIAL, CREMATION, OR REMOVAL Place *1111 E. Gifford* Date *11/21/36*19. UNDERTAKER (Address) *1217 St. Paul St*20. FILED *1330* 19 *36* *11/21/36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *11-18* 19 *36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *custody* thereof and from the evidence obtained by said *inquest* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *11-18-36*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *While cleaning stove*Nature of Injury *While cleaning stove*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James E. Gifford*(Address) *1111 E. Gifford*

Coroner

M. D.

30189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30189

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5*)*Sinai Hospital 28-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town *5* yrs.*Since*

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Richard Blackwell

(a) Residence: No.

3220 Brighthead Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. DATE OF BIRTH (month, day, year) *Jan. 18-1867*

7. AGE

*69*Months *11*Days *01*

If LESS than 1 day, hra. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. *Inspector 1086*9. Industry or business in which work was done, as silk (mill), saw mill, bank, etc. *Butcher 6*10. Date deceased last worked at this occupation (month and year) *Nov 1936*11. Total time (years) spent in this occupation *30 yrs*

FATHER

13. NAME

*William S. Blackwell*14. BIRTHPLACE (city or town) (State or country) *Ca*

MOTHER

15. MAIDEN NAME

*Julia Glover*16. BIRTHPLACE (city or town) (State or country) *Ca*

17. INFORMANT

(Address)

Clifton Vance 2465 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place

Midway

Date

12/21

19

19. UNDERTAKER

(Address)

714 Cook St 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 18* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *12-17-36* 19 to *12-18-36* 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at *11 P.* m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from S I Tract

Date of onset

over

Other contributory causes of importance:

*Arteriosclerosis*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

P.W. Spear Sinai Hospital

M. D.

26. FILED

EC 23 1936

F 30190

F 30190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St., _____

Ward, _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR _____

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon, and from the evidence obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

Coroner

M. D.

EC 23 1936

OCCUPATION is very important. See instructions on back of certificate.

F 30191 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30191

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Madeira St. 1-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Phillips

If U. S. Veteran specify WAR No Record

(a) Residence: No. 408 S. Madeira St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Thomas B. Phillips
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27th 1858

7. AGE Years 78 Months 1 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) MD

13. NAME John P. Williams

14. BIRTHPLACE (city or town) Wales (State or country)

15. MAIDEN NAME Ann (Unknown)

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Sarah A. Phillips
(Address) 408 S. Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place Wt Camel Date Dec 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1936 to Dec. 18th 1936

I last saw her alive on Dec. 18 1936 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1 wk

Other contributory causes of importance: Arterio Sclerosis 1 yr

Was an operation performed? None Date of _____

For what disease or injury? none

Name of operation none Date of 2w

What test confirmed diagnosis? Thyroid glands Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Charles S. Meier M. D.
(Address) 408 Patterson Park Ave

20 1936

30192

HEALTH DEPARTMENT—CITY OF BALTIMORE

30192

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 Reisterstown Rd Ward 5-12)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.If U. S. Veteran specify WAR No Record

2. FULL NAME

Mary E. Spear(a) Residence: No. 3721 Reisterstown Rd Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) Married3a. If married, widowed, or divorced HUSBAND or George H. Spear (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 7th 18707. AGE Years 66 Months 3 Days 1 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) (State or country) Md13. NAME William Anderson14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Frances Ross16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Frances Bradley(Address) 3721 Reisterstown Rd18. BURIAL, CREMATION, OR REMOVAL Bethel Cecil Co. Md Date Dec 21st 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 193622. I HEREBY CERTIFY, That I attended deceased from JULY 1935 to Dec 18 1936I last saw h. alive on Dec 18 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma. Right breast

Date of onset

MAY 1935

Other contributory causes of importance:

General carcinomatosisWas an operation performed? YES Date of JUNE 24 1935For what disease or injury? Radical Amputation BreastName of operation "What test confirmed diagnosis? Micencore Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____(Signed) C. M. Hoffman M. D.(Address) 8 East Read St

30193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Cottage St. 15-12 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3911 Cottage St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Late Solomon
(or) WIFE of Late

6. DATE OF BIRTH (month, day, year) April 1871

7. AGE Years 65 Months 8 Days _____ If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lithia
(State or country) _____

13. NAME Jacob Ginzberg

14. BIRTHPLACE (city or town) Lithia
(State or country) _____

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) Lithia
(State or country) _____

17. INFORMANT Harry Kruger
(Address) 3911 Cottage St.

18. BURIAL, CREMATION, OR REMOVAL Interred Hopeful Bur. Date Dec 20, 1936

19. UNDERTAKER Sol. Wilson Bros
(Address) 1117 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 18 - 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov - 12 - 1934 to Dec - 18 - 1936

I last saw her alive on Dec - 18 - 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Inefficiency

Date of onset about 1932

Other contributory causes of importance:

Gall bladder disease

1934

Was an operation performed? yes Date of Dec - 1935

For what disease or injury? Gall stones

What test confirmed diagnosis? Opn. Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Signature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____

(Signed) Herman Seidel M. D.

(Address) 2404 E. Baltimore St.

EC 20 1936

F 30194

F 30194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Geo. Harry Gebb

If U. S. Veteran specify WAR

(a) Residence: No.

2903 Gwynns Falls Parkway

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
 HUSBAND of Lillian C. Gebb
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11 1885

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 51 | 6 | 8 | |

| | | |
|------------|---|-----------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Sales Man.</u> |
| | 9. Industry or business in which work was done, as mill, saw mill, bank, etc. | <u>Buff Silver Co</u> |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

| | | |
|--------|--|-------------------|
| FATHER | 13. NAME | <u>Geo. Gebb</u> |
| | 14. BIRTHPLACE (city or town) (State or country) | <u>Balto. Md.</u> |

| | | |
|--------|--|-----------------------|
| MOTHER | 15. MAIDEN NAME | <u>Louise Schanze</u> |
| | 16. BIRTHPLACE (city or town) (State or country) | <u>Balto. Md.</u> |

17. INFORMANT Mrs. Lillian Gebb
(Address) 2903 Gwynn Falls Bulv.18. BURIAL, CREMATION, OR REMOVAL
Place Quind Ridge Date 12/22/3619. UNDERTAKER John J. Hughes & Son
(Address) 1111 N. E. Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) E. H. C. Wilson M. D.(Address) 2757 N. Lomb Coroner

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

DEC 28 1936

F 30195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30195

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 1/2 Monroe St., 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles William Paul

If U. S. Veteran

specify WAR

(a) Residence: No. 2012 1/2 Monroe St., 15-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 1. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
|-----------------------|----------------------------------|--|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 12-1868

| | | | | |
|--------|--------------------|--------------------|------------------|--|
| 7. AGE | Years <u>68</u> | Months <u>7</u> | Days <u>6</u> | If LESS than 1 day. hrs. or min. |
|--------|--------------------|--------------------|------------------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Editorial Secretary</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Woodbury Hill</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>June 1936</u> |

11. Total time (years) spent in this occupation
5812. BIRTHPLACE (city or town) Baltimore
(State or country) Ind13. NAME John J. Paul14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Margaret Imhoff16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Caroline Hallman
(Address) Edenton, Ind18. BURIAL, CREMATION, OR REMOVAL
Place Woodson Park Date Dec 21-3619. UNDERTAKER Wm. J. Schickel, & Sons
(Address) North Baltimore20. FILED
23 1936 Huntington, William, etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1936

22. I HEREBY CERTIFY. That I attended deceased from

Jan 18 to Dec 18I last saw him alive on Dec 15, 1936. Death is saidto have occurred on the date stated above, at 10:20 AM.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
myocardial infarction

Other contributory causes of importance:

Enlarged heartWas an operation performed? No Date of Jan 18

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. J. Schickel M. D.(Address) 1115 N. North St.

F 30196

F 30196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)Registered No. X 194 B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME

Kenneth Grayson Schultz(a) Residence: No. Hampstead Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28, 19297. AGE Years 7 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME N. Leroy Schultz14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Gertrude Tracy16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT N. Leroy Schultz (Address)18. BURIAL, CREMATION, OR REMOVAL Place Hampstead Date Dec 24, 193619. UNDERTAKER E C Dinton (Address) Hampstead Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Puncture Wound of Base of Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 12/18/36Accident, suicide, or homicide AccidentWhere did injury occur? Hampstead Md (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at homeManner of injury Struck by Pile DriverNature of injury Puncture wound of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Dinton M. D. Coroner(Address) 2757 W. Morris

FILED 1936 DEC 20 1936

30197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30197

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sim Hoop*

Registered No.

CITY OF BALTIMORE: (No.)

Ward) *6-5*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth *25* yrs. mos. ds.2. FULL NAME *Jennie Gellin*(a) Residence: No. *134 N. Broadway* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Meyer Gellin*6. DATE OF BIRTH (month, day, year) *1914*7. AGE Years *42* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0037*12. BIRTHPLACE (city or town) (State or country) *Russoid*

FATHER

13. NAME *Anton*14. BIRTHPLACE (city or town) (State or country) *Russoid*

MOTHER

15. MAIDEN NAME *Vatrov*16. BIRTHPLACE (city or town) (State or country) *Russoid*17. INFORMANT *Meyer Gellin*(Address) *134 N. Broadway*18. BURIAL, CREMATION, OR REMOVAL *12-10-36*Place *St. James* Date *12-10-36*19. UNDERTAKER *W. J. ...*(Address) *1337 S. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/19/36*, 1922. I HEREBY CERTIFY, That I attended deceased from *Nov 28*, 19*36*, to *12/19/36*, 19I last saw him alive on *12/19/36*, 19 Death is said to have occurred on the date stated above, at *8:30 A.* m.

The principal cause of death and related causes of importance were as follows:

*Cardiac failure
Pneumonia*

Date of onset

(Cont.)

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *J. Gellin*

M. D.

(Address) *Sim Hoop*DEC 20 1936
F. J. ...
W. J. ...

F 30198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hopt. St. 7-5* Ward)Registered No. *94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth *55* yrs. *1* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *Nathan Naiman*
Berkley Springs West Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Lelei*

6. DATE OF BIRTH (month, day, year)

7. AGE *72* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0045*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Hyman*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hopt. Record*
(Address)18. BURIAL, CREMATION, OR REMOVAL *12/30/36*19. UNDERTAKER *Paul Meyer*
(Address) *1743 7th St. Baltimore, MD*20. FILED *20 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-19-36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

*Coronary Thrombosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Meyer*(Address) *1719 E. North Ave.*

M. D.

F 30199

F 30199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Reisterstown Rd Ward 5)Length of residence in city or town where death occurred 42 yrs. 5 mos. 08 ds. How long in U. S. If of foreign birth 42 yrs. 5 mos. 08 ds.Registered No. 5-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2732 Reisterstown Rd St. 5 Ward 5

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Johi6. DATE OF BIRTH (month, day, year) 12/19/367. AGE 66 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 10. Date deceased last worked at this occupation (month and year) 0045 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Dave Stern (Address)18. BURIAL, CREMATION, OR REMOVAL Place Herring Run 12/20/3619. UNDERTAKER Jeff's Lemoine (Address) 1459 E. Baltimore St.20. FILED 1336

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/3622. I HEREBY CERTIFY That I attended deceased from 12/18 1936 to 12/19 1936I last saw him alive on 12/19 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

acute lobal pneumonia
5 days

Other contributory causes of importance:

none

Date of onset

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) Dave Stern M. D.(Address) 1224 Lee St

30200 HEALTH DEPARTMENT—CITY OF BALTIMORE 30200

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital - 11 Ward)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 76 yrs. 0 mos. 0 ds.

2. FULL NAME Mrs. Ellen Klunk

(a) Residence: No. 1112 St. Fulton Ave St., 11 Ward.
(Usual place of abode)

Registered No. 958
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u> |
| 6. If married , widowed, or divorced HUSBAND of <u>Martin J. Klunk</u> (or) WIFE of | | |
| 7. DATE OF BIRTH (month, day, year) <u>7/10/52</u> | | |
| 7. AGE | Years <u>84</u> | Months <u>5</u> |
| | Days <u>3</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Elijah Sheets

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Sophia Datterer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. A. Klunk
(Address) 1112 St. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date Dec 22, 1936

19. UNDERTAKER Ego W. Siddle
(Address) 2700 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1936, to 12/19, 1936

I last saw her alive on 12/19, 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C-V-disease
Terminal pneumonia

Other contributory causes of importance:

Post-operative shock

Was an operation performed? yes Date of 12/12/36

For what disease or injury? gangrene of right foot

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. M. D. M. D.
(Address) Bon Secours Hospital

20 1936 St. Fulton Hospital

F 30201

✓ F 30201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Little Sisters of the Poor*CITY OF BALTIMORE: (No. *1200 Valley*)St. *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

Nora Connors

(a) Residence: No.

1200 Valley

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1846

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*0070*12. BIRTHPLACE (city or town)
(State or country)*Ireland*FATHER
MOTHER

13. NAME

*Philip Connors*14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

*Mary Inard*16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

*Sister Stanislaus, Sup.
Little Sisters of the Poor - Valley*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *Dec 21 1936*19. UNDERTAKER
(Address)*Rita Wiedefeld
914 Green Street Ave*

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 19 - 1936*

22. I HEREBY CERTIFY. That I attended deceased from

Sept 1931 to *Dec 1936*I last saw her alive on *Dec 18 1936* Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

?

Other contributory causes of importance:

*Arterio Sclerosis
Myocardium*

?

?

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Phy

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

M. C. Parker

M. D.

(Address)

1114 ...

DEC 22 1936

30202

Laubenberg HEALTH DEPARTMENT—CITY OF BALTIMORE

30202

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)

Length of residence in city or town where death occurred *13* yrs. *1* mos. *21* ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Mrs. Ethel Laubenberg
(a) Residence: No. *Northway Apt.* St., *Charles* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 28, 1893*

7. AGE Years *43* Months *1* Days *21* If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hostess*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Northway Apts.*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

13. NAME *Albert G. Fehsenfeld*

14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

15. MAIDEN NAME *Sarah J. Williams*

16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

17. INFORMANT *Mrs. Sarah J. Fehsenfeld*
(Address) *3003 N. Charles Street*

18. BURIAL, CREMATION, OR REMOVAL
Place *Louisa Park Cem.* Date *12/21* 19*36*

19. UNDERTAKER *Henry U. Mearns & Son*
(Address) *503 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/19/36* 19

22. I HEREBY CERTIFY. That I attended deceased from *12/16/36* 19 to *12/19/36* 19.

I last saw him alive on *12/19/36* 19. Death is said to have occurred on the date stated above, at *8A* m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Subarachnoid hemorrhage. Date of onset *12/14/36*

Other contributory causes of importance:

Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify
(Signed) *Frank A. Hunt* M. D.

(Address) *101 N. Gen. St.*

20. FILED

EC 20 1936

30203

✓ F 30203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Woodlawn Road St., 27-14 Ward)

Length of residence in city or town where death occurred, 7 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME William Graham Sanner

(a) Residence: No. 300 Woodlawn Road Roland Park, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married. |

6a. If married, widowed, or divorced
 HUSBAND of Helen Blome Sanner
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1879

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 57 | 5 | 6 | 16 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Alexander Sanner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ann Virginia Graham

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John W. Reinhart
 (Address) 300 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 21, 1936

19. UNDERTAKER Henry W. Meserison
 (Address) 803 N. Calvert St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Dec 17, 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Ischemic
 Nephritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C 20 1936

30204

Mary C. Brightwell

HEALTH DEPARTMENT—CITY OF BALTIMORE

30204

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Murray Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 4-1 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Marge Celeste Brightwell

U.S. Veteran
Specify WAR

(a) Residence: No. _____

Cusson Md. St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Oct 9 - 1911

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

25

2

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hospital

10. Date deceased last worked at this occupation (month and year)

Dec 19 36

11. Total time (years) spent in this occupation

00 48

12. BIRTHPLACE (city or town)
(State or country)

Md.

FATHER

13. NAME

C. Edmund Brightwell

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Effie

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT
(Address)C. E. Brightwell
Horseshoe Bend

18. BURIAL, CREMATION, OR REMOVAL

Lying in state. Date Dec 22 1936

19. UNDERTAKER
(Address)A. M. Hally
Horseshoe Bend

20. FILED

R. E. J. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 18th 1936 to Dec 20th 1936

I last saw him alive on Dec 20th 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Ch.)
Probable septicemia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) _____

(Address) _____

Harry J. Kane M.D.
Murray Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30205

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph & Ross St. Ward)

length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 3812 Chesley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|------------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of *Alexander A Selby*

6. DATE OF BIRTH (month, day, year) May 19, 1879

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, 0 hrs. or min. |
| 57 | → | 6 | 0 | 0 |

| | | |
|------------|---|-------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housewife |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Home - 10 th |
| | 10. Date deceased last worked at this occupation (month and year) | Unknown |
| | 11. Total time (years) spent in this occupation | 8 |

12. BIRTHPLACE (city or town)
(State or country) Baltimore Md

13. NAME John - Deason

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME *Katherine Grogan*

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT *Husband Mrs. [illegible]*
(Address) *3812 Chester Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place New bathed Date Dec 21, 1938

19. UNDERTAKER *Hiley & Schuler*
(Address) *432 N. Wolcott*

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-36. 19

22. I HEREBY CERTIFY, That I attended deceased from
11-21-96 19 to 12-18-38 19

I last saw he alive on 12-18-1936. Death is said
to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

Septicemia
Pyelitis, left.

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-5-36

For what disease or injury? *1. Pyonephrosis of*
Renal sinusous cell cancer, right

What test confirmed diagnosis newspaper an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? su Date of injury 10/10/68 1968

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) A. Chustan M. D.

(Address) 11 Convent St. Boston

EC 201930 *Kingston Highway*

30206

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30206

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Chesterfield Ave., No. 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Richard E. Wille

(a) Residence: No. 3140 Chesterfield Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23/1935

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Gerard Wille

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Marthelli August

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Gerard Wille (Father) 3140 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec 21, 1936

19. UNDERTAKER Lilly & Zeiler 403 N. W. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 18, 1936.

I last saw him alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

H. S. Bayley
Chestnut Ave & Belair Rd.

M. D.

DEC 20 1936

30207

F 30207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital* Registered No. *100*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. *1213 Light* St. *93* Ward)
 Length of residence in city or town where death occurred *8* yrs. *1* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *John F. Mess*
 (a) Residence: No. *106 W. Clement* St., Ward. (If non-resident give city or town and State)
 (Usual place of abode) specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color of Face *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 6a. If married, widowed, or divorced
 HUSBAND of *Elizabeth W. Mess*
 (or) WIFE of
 C. DATE OF BIRTH (month, day, year) *Nov. 16 1855*
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 1 4
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Plumber 0059*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balti* (State or country) *md.*

13. NAME *John Mess*
 14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Elizabeth Schlerf*
 16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *John E. Mess*
 (Address) *Roland Rd (Catonville)*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Woodlawn* Date *12-22nd 1936*

19. UNDERTAKER *Mrs Chas A G Rohde*
 (Address) *2327 Edmondson Ave*

20. *25 1936* *Wm E. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov. 23 1936* to *Dec 20 1936*
 I last saw him alive on *Dec 18 1936* Death is said to have occurred on the date stated above, at *124* hr.

The principal cause of death and related causes of importance were as follows: *Terminal Bronchopneumonia*
Thrombophlebitis of left leg
Benign prostatic hypertrophy
 Other contributory causes of importance:

Was an operation performed? Date of
 For what disease or injury? Date of
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) *James S. Webb* M. D.
 (Address) *1213 Light St*

F 30208

HEALTH DEPARTMENT—CITY OF BALTIMORE

30208

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *9-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Hafele, Sr.

(a) Residence: No.

1772 Homestead St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Mary Francis Hafele*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 21-1875

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*61**6**26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Balt. Md.*

13. NAME

*John Hafele*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Anna Bismarck*16. BIRTHPLACE (city or town)
(State or country)*N.Y.*

17. INFORMANT

Anna Brunzman

(Address)

1772 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place

*London Pl. Cemetery*Date *Dec. 21, 1936*

19. UNDERTAKER

(Address)

*C. Miller & Son**2334 Jefferson St.*

20. FILED

Wm. H. Miller, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Dec. 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*Dec. 14, 1936, to Dec. 17, 1936*I last saw him alive on *Dec. 17, 1936*. Death is said to have occurred on the date stated above, at *3:15 a.m.*

The principal cause of death and related causes of importance were as follows:

*Cardiac Failure
Hypertension*Date of onset
*12-14-36
1933*

Other contributory causes of importance:

none

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bernard Lidman

M. D.

(Address)

Sinai Hospital

70 1936

M. D. B. 1369
30209

F 30209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 35 yrs. 1 mos. 1 ds.

If U. S. Veteran

specify WAR

2. FULL NAME Jos. C. Kaluska(a) Residence: No. 4201 Md. Ave. Ridgwood Md. Ward. Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 28, 19017. AGE Year 35 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Druggist 002512. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Jos. C. Kaluska14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT Mrs. Magdalena Clayton
(Address) 4201 Md. Ave. Ridgwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/21 193619. UNDERTAKER Chas. B. Kuchanek
(Address) 632 S. Park St.20. 1936 12/21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 18, 1936For what disease or injury? Fracture of SkullName of operation. Decompression Date of Dec. 18, 1936What test confirmed diagnosis? Clin. Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Dec. 18, 1936749 W. Lexington St. Balto. Md.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In a HomeManner of injury Fell down Steps in House
at 749 W. Lexington St.Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

Coroner

F 30210

F 30210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brager-Eisenberg Store Eutaw & Saratoga Sts. Ward) 13-1

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Cooke

If U. S. Veteran specify WAR

(a) Residence: No. 932 Chauncey Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Adele Zinser Cooke
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 11, 18797. AGE Years 57 Months _____ Days 8 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Va.
(State or country)FATHER 13. NAME Cooke14. BIRTHPLACE (city or town) Va.
(State or country)MOTHER 15. MAIDEN NAME Sadie Banks16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Mrs. Adele Z. Cooke (Wife)
(Address) 932 Chauncey Ave.

18. BURIAL, CREMATION, OR REBURY

Place Balto. Hebrew Cem. Date Dec. 21, 193619. UNDERTAKER David Schneider
(Address) 1902 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular Disease
Heart

Other contributory causes of importance:

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Dr. C. C. Cooke

Coroner

M. D.

(Address) _____

2757 W. North Ave.

C 20 1936

F 30211

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30211

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH *Swai Hoop*

Registered No.

CITY OF BALTIMORE: (No. *15-11*)St. *15-11* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Loe Makover**Rose S. Makover*(a) Residence: No. *3704 Liberty Heights Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 6a. If married, widowed, or divorced HUSBAND (or) WIFE <i>Bernard Makover</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Dec. 5, 1878</i> | | |
| 7. AGE <i>58</i> | Years <i>58</i> | Months <i>14</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0037</i> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) *Poland*
(State or country)13. NAME *Morris Sworgyn*14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *Hannah Titelbaum*16. BIRTHPLACE (city or town) *Poland*
(State or country)17. INFORMANT *Mr. B. Makover*
(Address) *2238 Eutaw Place*18. BURIAL, CREMATION, OR REMOVAL
*Feb. Friends by Dec. 20, 1936*19. UNDERTAKER *David Soudakim - son*
(Address) *702 Eutaw Pl.*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 19, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*Apr. 2, 1936 to Dec. 19, 1936*I last saw her alive on *Dec. 19, 1936*. Death is said to have occurred on the date stated above, at *1:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Brain tumor
cardiac failure
pneumonia*

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date ofFor what disease or injury? *no*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

*Robert Chasman
Swai Hoop*

M. D.

1936

30212 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30212

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 h. Milton ave. 7-2 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 522 h. Milton ave. St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Alice E. Ryan

6. DATE OF BIRTH (month, day, year) Oct. 1862

7. AGE

Years 74

Months 12

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Balto City

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Timothy Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice E. Ryan (Address) 522 h. Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Golden Park Date Dec. 21, 36

19. UNDERTAKER John A. Moran (Address) 3000 E. Baltimore

20. FILED

St. James Mch 1, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1934, to December 18, 1936

I last saw him alive on Dec. 17, 1936 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset 1934

Other contributory causes of importance:

Coronary

1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? ✓

Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

(Address)

Robert S. Kisk

8126 Stanton St.

F 30213

✓ F 30213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 8-7 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR U.S.

2. FULL NAME

John L. Reed(a) Residence: No. 1207 N. Bond Street - Balto., Md. St. 8-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Marie Gordon Reed
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 22, 1890
7. AGE Years 46 Months 0 Days 25 If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1936 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Vance County, N. C.
(State or country)FATHER 13. NAME John Reed
14. BIRTHPLACE (city or town) Vance County, N. C.
(State or country)MOTHER 15. MAIDEN NAME Polly Burrell
16. BIRTHPLACE (city or town) Vance County, N. C.
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 12-21-193619. UNDERTAKER Baron & Marie W. Wright
(Address) 210 N. Calverly St.20. FILED 1936 Dec 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 193622. I HEREBY CERTIFY, That I attended deceased from November 6, 1936 to December 17, 1936I last saw him alive on December 17, 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism 11-16-36
Abscess, large, spleen Unknown
Embolic, septic, viscera Recent
Myocardial insufficiency 1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. W. a. d. m. M. D.(Address) U.S. Marine HospitalBaltimore, Md.

30214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30214

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital*

CITY OF BALTIMORE: (No.)

St. *23* Ward *2*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *43* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Mrs. Della Langville*(a) Residence: No. *57 E. Randall St.*

(Usual place of abode)

St., Ward,

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5. If married, widowed, or divorced HUSBAND of (or) WIFE of *George Langville*6. DATE OF BIRTH (month, day, year) *April 17, 1877*7. AGE Years *57* Months *8* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Salesbury Md*13. NAME *John B. Maddox*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Maria J. Miller*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *George Langville*(Address) *57 E. Randall St*

18. BURIAL (CREMATION, OR REMOVAL)

Place *Cedar Hill*Date *12/22/36* 1919. UNDERTAKER *A. J. Howard*(Address) *1000 N. Charles St*

20. FILED

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/19, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*12/7, 1936, to 12/19, 1936*I last saw her alive on *12/19, 1936*. Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary Embolism*Date of onset *12/19/36*

Other contributory causes of importance:

*Generalized arteriosclerosis**Diffuse Bronchitis*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Louis G. Kroll*(Address) *South Baltimore General Hosp.*

30215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Patapsco Ave. *Brooklyn* ST. 25-4 WARD)

2-FULL NAME Minerva Otis Reinhardt

3a RESIDENCE. No. 436 Patapsco Ave.

ST. WARD.

(Usual place of abode) Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alonza Little Reinhardt

6 DATE OF BIRTH (month, day, and year) Jan. 10th. 1897

7 AGE Years 39 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) Crisfield, Md. (State or country)

10 NAME OF FATHER Alfred T. Webster

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Charlotte Dize

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Alonza L. Reinhardt, Husband (Address) 436 Patapsco Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18th. 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6th. 1936, to Dec. 18th. 1936, that I last saw her alive on Dec. 18th. 1936, and that death occurred, on the date stated above, at 8.15 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix and vagina

According to the history (duration) yrs. 6 mos. ds.

CONTRIBUTORY Cause Undetermined (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1411 Hanover St.

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Examination (Signed) Robert A. Johnson, M. D. (Address) 3564 Hanover St., Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

20 UNDERTAKER Cedar Hill Dec 21, 1936 ADDRESS

UTION is very important. See instructions on back of certificates.

C 20 1936

Registrar

30216

F 30216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. *Univ Hosp.* St. *27-17* Ward) Registered No. *95-13*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred *2* yrs. *2* mos. *2* ds. How long in U. S. if of foreign birth? *2* yrs. *2* mos. *2* ds.
2. FULL NAME *Mrs Elizabeth Dorsett* If U.S. Veteran specify WAR
(a) Residence: No. *5329 Maple Ave* St. *27-17* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
6a. If married, widowed, or divorced, name of (or) WIFE of *William Dorsett*

6. DATE OF BIRTH (month, day, year)

7. AGE *25* Years Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *her own house*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *her own house*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt and*
(State or country) *?*

13. NAME *?*

14. BIRTHPLACE (city or town) *?*
(State or country) *?*

15. MAIDEN NAME *Anna ?*

16. BIRTHPLACE (city or town) *?*
(State or country) *?*

17. INFORMANT *Mrs E Dorsett*
(Address) *5329 Maple Ave.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn Cemetery* Date *12/22/36*

19. UNDERTAKER *Keever Son, Inc.*
(Address) *Smythesville, Md.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/20/36*

22. I HEREBY CERTIFY, That I attended deceased from *11/21/36* to *12/20/36*

I last saw her alive on *12/20/36* Death is said to have occurred on the date stated above, at *1 P* m.

The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis Date of onset *Jan 36*

Other contributory causes of importance:
Rheumatic heart disease

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

What test confirmed diagnosis? *B. Cult* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Walter Henry Gemmig, Jr., M. D.*

(Address) *University Hospital*

DEC 20 1936

F30217

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30212

CERTIFICATE OF DEATH

X139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp. 4-2* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *Melbie M. Knisley* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. *M* 4. Color or Race *W* 5. Single, Married, Widowed,
or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *J. I. Knisley*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 5th 1894*7. AGE Years *42* Months *8* Days *28* If LESS than
1 day, hrs. _____ or min. _____

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) *Pa*

FATHER

13. NAME *J. H. Lang*14. BIRTHPLACE (city or town)
(State or country) *Pa*

MOTHER

15. MAIDEN NAME *Liza J. Stokes*16. BIRTHPLACE (city or town)
(State or country) *Pa*

17. INFORMANT

(Address) *J. I. Knisley*
Savage Md

18. BURIAL, CREMATION, OR REMOVAL

Savage Md Date *Dec 22 1936*

19. UNDERTAKER

(Address) *Lafayette Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12 - 20, 1936*22. I HEREBY CERTIFY, That I attended deceased from
12 - 12, 1936 to *12 - 20, 1936*I last saw her alive on *12 - 20, 1936* Death is said
to have occurred on the date stated above, at *10 A.M.*The principal cause of death and related causes of
importance were as follows:*Arterial Thrombosis*Date of onset
12 - 20 - 36

Other contributory causes of importance:

*Hematosalpinx ut.**own*Was an operation performed? *yes* Date of *12 - 12 - 36*For what disease or injury? *Hematosalpinx, ut.**Operated on*What test confirmed diagnosis? *operator* there a autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing: _____Accident, suicide, or homicide? *no* Date of injury: _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place *no*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____(Signed) *J. R. Adams* M. D.(Address) *University Hosp*

25. FILED

EC 20 1936

F 30218

F 30218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Asquith St., 9 Ward)Length of residence in city or town where death occurred 7 yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? 7 yrs. 1 mos. 13 ds.

2. FULL NAME

(a) Residence: No. 1638 Asquith St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Elizabeth Orman
(last name of)6. DATE OF BIRTH (month, day, year) June 7, 18637. AGE Years 73 Months 6 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood worker10. Date deceased last worked at this occupation (month and year) July 1936 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or country) Pa13. NAME Levi Hartman14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Conway16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT Mr. Levi Hartman
(Address) 1638 Asquith St. Baltimore18. BURIAL, CREMATION, OR REMOVAL
Place New Roch. Pa. Date Dec. 23, 193619. UNDERTAKER G. M. Griffith and Son
(Address) New Roch. Pa.20. FILED 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 20, 193622. I HEREBY CERTIFY, That I attended deceased from JULY 1, 1936 to DEC 20, 1936I last saw him alive on DEC 20, 1936 Death is said to have occurred on the date stated above, at 10:55 m.The principal cause of death and related causes of importance were as follows: General Toxemia Date of onset Dec 7Other contributory causes of importance: Carcinoma of Stomach
about 6 monthsName of operation XXXX Date of XXWhat test confirmed diagnosis? NONE Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: NO Date of injury XX, XXAccident, suicide, or homicide? NOWhere did injury occur? XXXXXX

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place XXXXXXManner of injury XXXXXXNature of injury XXXXXX

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Otto H. Baker M. D.(Address) 928 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

30219

F 30219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 27-6*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *5407 Traymore Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Vet. specify War

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Frances Booth*6. DATE OF BIRTH (month, day, year) *Nov 6th 1857*7. AGE Years *79* Months *1* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as *Retired Yard Master* 9. Industry or business in which work was done, as *Penna R.R.* 10. Date deceased last worked at this occupation (month and year) *1924* 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Penna* (State or country)13. NAME *Henry Booth* 14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *"*16. BIRTHPLACE (city or town) *"* (State or country)17. INFORMANT *Francis C. Booth* (Address) *5407 Traymore Rd*18. BURIAL, CREMATION, OR REMOVAL *Rock Run* *Dec 23rd 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

G 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/20/36*22. I HEREBY CERTIFY, That I attended deceased from *12/15/36* 19*36* to *12/20*I last saw *him* alive on *12/20/36* 19*36* Death is said to have occurred on the date stated above, at *2:55 P.M.*

The principal cause of death and related causes of importance were as follows:

acute appendicitis
generalized peritonitis

Date of onset

12/14/36

Other contributory causes of importance:

*Pulmonary embolus**12/20/36*Was an operation performed? *yes* Date of *12/16/36*For what disease or injury? *acute appendicitis*What test confirmed diagnosis? *positive* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19*36*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

William C Dunnington

M. D.

(Address)

Mercy Hospital

F 30220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30220

CERTIFICATE OF DEATH

✓ 156-17798

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie McPherson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 623 W. Lexington St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Joseph McPherson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-28-1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) Oct 1936 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Ga.
(State or country)

13. NAME Jesse Tyre

14. BIRTHPLACE (city or town) Ga.
(State or country)

15. MAIDEN NAME Vonnice Michael

16. BIRTHPLACE (city or town) Ga.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Buried at Calvary Date 12/31/3619. UNDERTAKER
(Address) 1214 St. Paul St.
Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-36

22. I HEREBY CERTIFY, That I attended deceased from 10-9-36 to 12-19-36

I last saw her alive on 12-19-36 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

Suppurative arthritis of left knee

Date of onset 3 mo

Other contributory causes of importance:

Anemia

1 mo

Was an operation performed? Yes Date of 10-10-36

For what disease or injury? Bursitis of knee

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed M. A. Jones, M. D.

(Address) Balt. City Hosp.

EC 21 1936

F.M. 30221

F 30221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 E. Biddle St. St., 10-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robert S. KennardIf U. S. Vet. No Record
specify WAR _____(a) Residence: No. 1417 E. Biddle St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Catherine Kennard
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) March 24, 19007. AGE Years 36 Months 5 Days 24-25 If LESS than 1 day, _____ hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture factory

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto.
(State or country) MD.13. NAME Thomas J. Kennard14. BIRTHPLACE (city or town) Balto.
(State or country) MD.15. MAIDEN NAME Mary E. Kennard16. BIRTHPLACE (city or town) Balto.
(State or country) MD.17. INFORMANT Elsie S. Shanks
(Address) 2422 Alameda Blvd.18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 21st 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul st20. FILED 2-1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
(Primary)

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Schenck(Address) 1914 E. North Ave.

Coroner

M. D.

30222

HEALTH DEPARTMENT—CITY OF BALTIMORE

30222

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *416 N. Luzerne Ave.* St. *6-12* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *416 N. Luzerne Ave.* St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John Zimmerman*6. DATE OF BIRTH (month, day, year) *Nov. 29/1869*7. AGE *67* Years *0* Months *18* Days At LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Frisner*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *McKinnon*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mr. John Zimmerman*
(Address) *416 N. Luzerne Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Bede's* Date *12/21/1936*19. UNDERTAKER *Philip's Sewing Sons*
(Address) *2016 Kestwood Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 17, 1936*22. I HEREBY CERTIFY That I attended deceased from *May 30* 19 *36* to *Dec. 17* 19 *36*I last saw her alive on *Dec. 17, 1936* Death is said to have occurred on the date stated above, at *2 P. M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance

Acute heart failure

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Wm. J. McNulty*(Address) *701 N. Kestwood Ave.*

M. D.

C 21 1936

30223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30223

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Chester St., 7-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 723 N. Chester St., 7-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Cronin

6. DATE OF BIRTH (month, day, year) April 5, 1874

7. AGE 62 Years 3 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strass Bros
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Philip Clapp

14. BIRTHPLACE (city or town) Kentucky (State or country)

15. MAIDEN NAME Margaret Maryman

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Annie J. Cronin (Address) 723 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 12/24/36

19. UNDERTAKER Philip Henry Jones (Address) 2116 Williams St.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1936, to Dec 18th, 1936

I last saw him alive on Dec 18, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Victor Goldberg M.D.

(Address) 1524 N. Western Ave

F 30224 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30224

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

19578

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Dorsch

If U.S. Veteran
specify WAR(a) Residence: No. 1407 N. Gay Street St. 8-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, ~~widowed~~, or divorced
HUSBAND of Anna Dorsch
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5-5-18727. AGE Years 64 Months 7 Days 14 15 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME John Dorsch14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Gertrude Och16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date 12/22 3619. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St.

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-3622. I HEREBY CERTIFY, That I attended deceased from 12-17-36 to 12-19-36I last saw him alive on 12-19-36 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset
1 day

Other contributory causes of importance:

Was an operation performed? no Date of:

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John F. Ramey
Baltimore City Hospital

F 30225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30225

CERTIFICATE OF DEATH. ✓ 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *3611 Hayward Ave* ST., *27-18* WARD)2-FULL NAME *Thomas E. Hunter Jr.*(a) RESIDENCE NO. *3611 Hayward Ave* ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Ella M. Hunter*

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs
or min.*30*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Poultry Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

*Md*10 NAME OF FATHER *Thomas E. Hunter Jr.*

11 BIRTHPLACE OF FATHER (city or town) (State or country)

*Md.*12 MAIDEN NAME OF MOTHER *Elizabeth Simon*

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md.

14

Informant
(Address)*Ella M. Hunter
3611 Hayward Ave*

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec 19 1936*

17

I HEREBY CERTIFY, That I attended deceased from

*12/14, 1936, to 12/19, 1936*that I last saw him alive on *12/19, 1936*and that death occurred, on the date stated above, at *1 a. m*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration) yrs. mos. *5* ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

*Howard H. H. M. D.*Address *2020 N. Charles*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*Druid Ridge**Dec 21 1936*

20 UNDERTAKER

ADDRESS

*Chenoweth & Son**3615-17
Chesnut Ave.*

F 30226

0225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Keswick Rd. St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Kilpatrick

(a) Residence: No. 3165 Keswick Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Kilpatrick

6. DATE OF BIRTH (month, day, year) June 6, 1869

7. AGE 67 Years 6 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk 9. Industry or business in which work was done, as silk saw mill, bank, etc. Handmade breads 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Thomas Kilpatrick 14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Margaret Davis 16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mary E. Kilpatrick (Address) 3165 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec 22, 1936

19. UNDERTAKER Benjamin Wilson (Address) 3610 1/2 Chestnut Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1936

22. I HEREBY CERTIFY. That I attended deceased from July 8, 1931, to Dec. 20, 1936

I last saw him alive on Dec. 19, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma passing in parotid glands metastasis to lungs and right arm.

Other contributory causes of importance:

Arteriosclerosis

Date of onset

Nov. 1934

Was an operation performed? no. Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? h.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed)

(Address)

A. A. Silver 3703 Garrison Blvd.

M. D.

21 1936

F 30227. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Argyle ave St. 17-2 Ward)

Length of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1104 Argyle ave St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1886

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Stepter Lorrell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucie Hemson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sophie Siddons (Address) 1104 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 12/21/ 1936

19. UNDERTAKER Mrs Frances A Hempley (Address) 578 W. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th 36 to Dec. 17th. 1946

I last saw her alive on Dec. 16th 1936 Death is said to have occurred on the date stated above, at 10.30a.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation

Date of onset

Dec. 10th

~~Mitral Ins.~~ Abt. April 1936

Other contributory causes of importance:

Mitral Ins.

Abt. April 1936

No.

Was an operation performed? Date of

For what disease or injury?

Name of operation Physical Exam

Date of

No

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed)

Walter J. Jackson

M. D.

(Address)

1631 W. Franklin st

F 30227

HEALTH DEPARTMENT—CITY OF BALTIMORE 30228

30228

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.

33rd Street, Baltimore

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 0 da. How long in U. S. If of foreign birth 78 yrs. 1 mos. 0 da.

2. FULL NAME

William Dunbar Sanner

(a) Residence: No.

2903 St. Paul

St., Baltimore

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Carrie Woodfall Sanner (or WIFE of)

6. DATE OF BIRTH (month, day, year) Nov. 20, 1858

7. AGE Years 78 Months 1 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pilot 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 63 yrs

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Isaac Singleton Sanner 14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary Elizabeth Bladen 16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT (Wife) Carrie Woodfall Sanner (Address) 2903 St. Paul St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date Dec/22/36

19. UNDERTAKER (Address) 108 W. ...

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 20, 1936

I last saw him alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 10:52 p.m.

The principal cause of death and related causes of importance were as follows: Acute Urinary Retention Diabetes Mellitus Atherosclerosis Hypertension

Other contributory causes of importance:

Was an operation performed? Yes Date 12-19-36 For what disease or injury? Urinary Retention

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. M. S. (Address) Union Memorial Hosp

EC 21 1936

F 30229 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Kimble Rd. 9-3 St., 9-3 Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 0 ds. How long in U. S. If of foreign birth: 77 yrs. 5 mos. 27 ds.

2. FULL NAME

Katharine Rowlands Peteler

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

NONE

(a) Residence: No.

3627 Kimble Rd

St.,

Ward.

Minneapolis-Minn.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single—Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Peteler

6. DATE OF BIRTH (month, day, year) July-23-1859

7. AGE Years 77 Months 54 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Rochester (State or country) Minnesota

13. NAME Thos. R. Jones

14. BIRTHPLACE (city or town) Carnarvon (State or country) Wales

15. MAIDEN NAME Katharine Rowlands

16. BIRTHPLACE (city or town) Carnarvon (State or country) Wales

17. INFORMANT Mrs. Katharine M. Morgan (day) (Address) 3627 Kimble Road.

18. BURIAL, CREMATION, OR REMOVAL Place Minneapolis Minn Date Dec-21-36

19. UNDERTAKER Stewart Monte (Address) 108 W. North Ave.

20. FILED 12-21-36 Wm. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1936

22. I HEREBY CERTIFY That I attended deceased from April, 1935, to Dec. 19, 1936

I last saw her alive on Dec. 9, 1936 Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Arteriosclerotic Hypertension
Arterio Sclerosis
Arterio Sclerosis

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation or deceased?

No

If so, specify

(Signed)

(Address)

William H. Williams
2624 St. Paul St.

M. D.

DEC 21 1936

F 30230

F 30230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N Charles St. 11-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 79 yrs. 0 mos. 9 ds.

2. FULL NAME

Bertha Clayton WelchIf U.S. Veteran specify WAR NONE(a) Residence: No. 607 N CharlesSt., 11-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Status Married, Widowed, or Divorced Widowed6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Dr. Charles G. Welch6. DATE OF BIRTH (month, day, year) Dec-9-18577. AGE Years 79 Months 0 Days 9 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) A. A. Co. (State or country) Maryland13. NAME Geo. D. Clayton14. BIRTHPLACE (city or town) A. A. Co. (State or country) Ind.15. MAIDEN NAME Maria L. Owens16. BIRTHPLACE (city or town) A. A. Co. (State or country) Ind.17. INFORMANT Miss M. Louise Welch (daughter)(Address) 607 N Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lucien Park Date Dec. 21/3619. UNDERTAKER Stewart Mortuary Co.(Address) 108 W. North Ave.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 19 3622. I HEREBY CERTIFY That I attended deceased from August 3, 19 36 to Dec 18, 19 36I last saw her alive on Dec 18, 19 36 Death is said to have occurred on the date stated above, at 7:15 P.

The principal cause of death and related causes of importance were as follows:

Sarcoma left leg
E metastasized to
left groin, pelvis,
cerebral cortex

Other contributory causes of importance:

EmaciationWas an operation performed? Yes Date of 11/13/35For what disease or injury? Sarcoma - left leg.What test confirmed diagnosis Physical + Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Robt. B. Mitchell Jr. M. D.(Address) 607 N Charles St.621 1338 Huntington Williams, D.

F 30231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30231

CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Polk

If U.S. Veteran

specify WAR

(a) Residence: No. 623 W. Montgomery St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 53

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C. (State or country)

13. NAME Cornelius

14. BIRTHPLACE (city or town) N. C. (State or country)

15. MAIDEN NAME Jane Thomas

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calay Date 12/28 1936

19. UNDERTAKER

(Address) 139 W. Baltimore St.

20. FILED

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1936

22. I HEREBY CERTIFY. That I attended deceased from 10-20, 1936 to 12-17, 1936

I last saw him alive on 12-17, 1936 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Lung Abscess (non-tuberculous)

Date of onset

2 mos

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Ramey M. D.
Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE F 30232

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp.* St. *37* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herbert Johnson
(a) Residence: No. *3706 Foxester Ave.* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *School Boy*

6. DATE OF BIRTH (month, day, year) *Dec. 19, 1929*

7. AGE Years *7* Months *0* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *4* 11. Total time (years) spent in this occupation *2*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *Herbert S. Johnson*

14. BIRTHPLACE (city or town) *Mass.* (State or country)

15. MAIDEN NAME *Marie G. Westervelt*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

17. INFORMANT *Mr. Herbert S. Johnson* (Address) *3706 Foxester Ave.*

18. BURIAL, CREMATION, OR REMOVAL *Home Burial* Date *Dec. 23, 1936*

19. UNDERTAKER *Edmer W. Conklin* (Address) *224 E. 1st St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12. 20*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *12/16*, 19*36*, to *12/20*, 19*36*

I last saw him alive on *12/20*, 19*36*. Death is said to have occurred on the date stated above, at *5.50 P.m.*

The principal cause of death and related causes of importance were as follows:

acute appendicitis

Date of onset *12/14/36*

Other contributory causes of importance:

Generalized Peritonitis

12/14/36

Was an operation performed? *yes* Date of *12/16/36*

For what disease or injury? *acute appendicitis*

What test confirmed diagnosis? *pathologic* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *W. C. Dunnington* M. D.

(Address) *Mercy Hospital*

DEC 21 1936

G.P.S.

F. 30233

F 30233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 Andre St. St. 24-1 Ward)

Registered No. 93-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. — How long in U. S. If of foreign birth 20 yrs. — mos. — ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Frank Bulotwicz.

(a) Residence: No. 1349 Andre St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

6a. If married, ~~XXXXXX~~
 HUSBAND of ~~XXXXXX~~ Lottie Bulotwicz.

6. DATE OF BIRTH (month, day, year) October 4, 1891

| | | | | |
|--------|-------|--------|-------|--------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, — hrs. or — min. |
| | 45 | 2 | 15 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevadore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland. (State or country)

13. NAME John Bulotwicz.

14. BIRTHPLACE (city or town) Poland. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Lottie Bulotwicz. (wife) (Address) 1349 Andre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Church Date 12/12/36

19. UNDERTAKER (Address) 1349 Andre St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If any specify

(Sign)

Olo Mc Rine Parax

Coroner

M. D.

12/19/36 (Address) 1017 S. Charles St.

EC 21 1936

Registrar

30234

HEALTH DEPARTMENT—CITY OF BALTIMORE

30234

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. 12-6) Ward

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Culver

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR W.W.

(a) Residence: No. 1578 Milvia St., Berkley, Calif.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) May 18, 1890 | | |
| 7. AGE | Years 46 | Months 7 |
| | Days 0 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Wadsworth
(State or country) Nevada

13. NAME Jacob Culver

14. BIRTHPLACE (city or town) Jackson
(State or country) Michigan

15. MAIDEN NAME Laura Angus

16. BIRTHPLACE (city or town) Illinois
(State or country)17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 12/22 1936

19. UNDERTAKER Robert Brown Olson
(Address) Calver & Holmes St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from
December 12, 1936, to December 18, 1936I last saw him alive on December 18, 1936 Death is said
to have occurred on the date stated above, at 6:11 p.m.The principal cause of death and related causes of
importance were as follows:

Pneumonia, lobar, right

Date of onset
12-11

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. A. Culver

M. D.

(Address) Marine Hospital.

FEB 21 1936

Registrar

30235

E. 30235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1124 N. Fremont St.* Ward.

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *P 1932*7. AGE Years *4* Months Days 1? LESS than 1 day, ____ hra. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *George Stropopoulos*14. BIRTHPLACE (city or town) *Greece* (State or country)15. MAIDEN NAME *Sophia Karangelis*16. BIRTHPLACE (city or town) *Greece* (State or country)17. INFORMANT *George Stropopoulos* (Address) *1124 N. Fremont St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cem* Date *12/21/36*19. UNDERTAKER *Robert Brooks & Son* (Address) *Calder & Holland*20. FILED *12/21/36* *1124 N. Fremont St.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/15/36*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquest* find that said deceased came to his death on the day stated above 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

*Acute alcoholism
Toxic over dose of
urinary*

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *suicide* Date of injury *Dec 15/36*Where did injury occur? *1124 N. Fremont St* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

*Whiskey given by mother as
medicine for cold*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos. G. Phillips*(Address) *1939 Edmondson Ave* Coroner

M. D.

over

30236 HEALTH DEPARTMENT—CITY OF BALTIMORE 30236

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W. Fayette St.)

 Length of residence in city or town where death occurred Life yrs. 4-2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 723 W. Fayette (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

6

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

13. NAME

Lawrence Hickman

14. BIRTHPLACE (city or town) (State or country)

Baltimore County

Maryland

15. MAIDEN NAME

Dorothy Henning

16. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

17. INFORMANT (Address)

Mr. Lawrence Hickman
723 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem.

Date Dec. 21, 1936

19. UNDERTAKER (Address)

1705 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

(Address)

2757 W. North Ave.

Coroner

M. D.

DEC 21 1936

Registrar

F 30237

F 30237.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *6-4* Ward)Registered No. *122a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Israel Goldberg*(a) Residence: No. *1927 E Fairmount ave* St. *6-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Late Ida*6. DATE OF BIRTH (month, day, year) *1866*7. AGE Years *70* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Nathan Goldberg*
14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Reba Gorenthal*
(Address) *1927 E Fairmount ave*18. BURIAL, CREMATION, OR REMOVAL *Hebrew Rodeadale* Date *Dec. 21, 1936*19. UNDERTAKER *Jos. Livingston & Sons*
(Address) *1127 E. Balto*20. FILED *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/21/1936*22. I HEREBY CERTIFY, That I attended deceased from *12/15* 1936, to *12/21* 1936I last saw him alive on *12/21* 1936 Death is said to have occurred on the date stated above, at *3:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Terminal Broncho-pneumonia
Strangulated hernia

Date of onset

*12/20/36**12/15/36*

Other contributory causes of importance:

Circulatory failure
*Semibuty*Was an operation performed? *Yes* Date of *12/15/36*
For what disease or injury? *Strangulated hernia*What test confirmed diagnosis? *operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Benjamin B. Moore* M. D.(Address) *Sinai Hospital*

EC 21 1936

30238

HEALTH DEPARTMENT—CITY OF BALTIMORE

30238

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 35 Reisterstown Road 5-12 St., Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baileh Poliakoff

(a) Residence: No. 3635 Reisterstown Road St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Emanuel

6. DATE OF BIRTH (month, day, year) 1846

7. AGE Years 90 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris 14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Friedman 16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Brown (Address) 3635 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL Place Reisterstown Road Date Dec 21 1936

19. UNDERTAKER J. L. Fanning & Bros (Address) 1127 E. Balto St

20. DATE OF DEATH 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1936

22. I HEREBY CERTIFY. That I attended deceased from Jan. 15, 1935, to Dec. 20, 1936. I last saw him alive on Dec. 19, 1936. Death is said to have occurred on the date stated above, at 11:00 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (Senility) Myocardial insufficiency and decompensation.

Other contributory causes of importance:

Hypertension.

Date of onset

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Nathaniel Shrivitz M. D.

(Address) 2351 Eutaw Place

15323 F 30239 HEALTH DEPARTMENT—CITY OF BALTIMORE 30239

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Hall (Scribner)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 1629 W. Mulberry St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Arthur (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME (D) Hezekiah Thomas 14. BIRTHPLACE (city or town) Unknown MA (State or country)

15. MAIDEN NAME (B) 16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Records of Balto. City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Samuel H. Chase Son 638. N. Gilmer

20. FILED 21. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1936 to 12-18 1936

I last saw her alive on 12-18 1936 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 3 weeks

Other contributory causes of importance:

Hypertensive Cardio-vascular Renal Disease

unk

Was an operation performed? no Date of

for what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Y 80

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) John F. Rainey M.D. (Address) Baltimore City Hospital

30240

HEALTH DEPARTMENT—CITY OF BALTIMORE 30240

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sinai Hosp.*CITY OF BALTIMORE: (No. *3-2* St. *3-2* Ward)Registered No. *46-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *20* yrs. *0* mos. *0* ds.2. FULL NAME *Rebecca Stein*(a) Residence: No. *220 S Glen St* St. *3-2* Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Meyer*6. DATE OF BIRTH (month, day, year) *1869*7. AGE Years *67* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Israel Shtanovitz*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Leah*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Verst Beards* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *mt Carmel* Date *12/21/36*19. UNDERTAKER *Carl Lewis, Inc.* (Address) *1439 E. Palo St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 20*, 193*6*22. I HEREBY CERTIFY. That I attended deceased from *Dec 18*, 19*36*, to *Dec 20*, 19*36*I last saw her alive on *Dec 20*, 19*36*. Death is said to have occurred on the date stated above, at *8:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of intestine
Generalized peritonitis*

Date of onset

12/20/36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert Abrahamson* M. D.(Address) *Sinai Hosp.*

DEC 21 1936

Registration

F 30241

0241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 70 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1046 N. Broadway

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Elyabeth (or) WIFE of6. DATE OF BIRTH (month, day, year) 18787. AGE Years 58 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Bus.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Russia (State or country)13. NAME Not Known14. BIRTHPLACE (city or town) Russia (State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Hosp. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Wash. Blvd Date 12/21/3619. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Balto St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/193622. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936 to 12/21/1936I last saw him alive on 12/21/1936 Death is said to have occurred on the date stated above, at 5:20 A m.The principal cause of death and related causes of importance were as follows:
Terminal broncho-pneumonia
Diabetic gangrene of left lower
Diabetes mellitusDate of onset
12/20/36Other contributory causes of importance:
Circulatory failureWas an operation performed? Yes Date of 12/14/36
For what disease or injury? Diabetic gangreneWhat test confirmed diagnosis? GP Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Benjamin B. Moore M. D.(Address) Sinai Hospital

FILED 1936

30243

HEALTH DEPARTMENT—CITY OF BALTIMORE

BR80243

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 264 S Robinson St. Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 264 S Robinson St. Ward. 2

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kohler6. DATE OF BIRTH (month, day, year) April 3/70

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

66

8

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Tailor12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo Kohler14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT (Address) Amelia Kohler
264 S Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Oak LawnDate Dec 22 193619. UNDERTAKER (Address) John & Son
156 N. Sydney Ave20. FILED 330

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/36 193622. I HEREBY CERTIFY, That I attended deceased from Dec 12 1936 to Dec 18 1936I last saw him alive on Dec 18 1936 Death in saidto have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Atherosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alf. G. Gaff(Address) 107 N. Broadway

M. D.

30244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30244

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Hunan St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

4701 N. Hunan St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Charles Fetzman

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Bohemia

FATHER

13. NAME

James Steiner

14. BIRTHPLACE (city or town) (State or country)

Bohemia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Bohemia

17. INFORMANT

(Address)

Charles Fetzman
701 N. Hunan St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cat Hill Cem. Date Dec 21, 1936

19. UNDERTAKER

(Address)

August Rose & Co.
2531 Ashland Ave.

20. FILE NO.

21 1936

Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 19, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 10 to Dec 19I last saw him alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Dec 10, 36

Other contributory causes of importance:

Cordiac ArrhythmiaDec 19, 36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

William H. Moore M. D.
8014 Newwood (Address)

F 30245

F 30245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *So. Balto. Gen. Hosp.* *176*
 CITY OF BALTIMORE: (No. *1213 Light* St. *24-3* Ward)
 Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME *Mrs. Bernadine Fisher*
 (a) Residence: No. *6907 Linden Ave* St., Ward. (If non-resident give city or town and State)
 (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Joseph N. Fisher*
 6. DATE OF BIRTH (month, day, year) *Feb. 21st 1863*
 7. AGE Years *73* Months *9* Days *29* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

FATHER

13. NAME *William Blothkamp*

14. BIRTHPLACE (city or town) *Unknown*
 (State or country) *Germany*

MOTHER

15. MAIDEN NAME *Elizabeth Budbrock*

16. BIRTHPLACE (city or town) *Unknown*
 (State or country) *Germany*

17. INFORMANT *Mrs. Lillian M. Gills*
 (Address) *Greenwood Ave. Park Heights*

18. BURIAL, CREMATION, OR REMOVAL
Body laid out in Date Dec. 24, 1936

19. UNDERTAKER *Stratford, Baltimore*
 (Address) *7401 Cedar Road*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 11*, 19*36* to *Dec 20*, 19*36*

I last saw her alive on *Dec 20*, 19*36* Death is said to have occurred on the date stated above, at *4:00* p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cholecystitis & Typhoid
Terminal bronchopneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James L. Webb
1213 Light

G 21 1936

30246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30246

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1042 N. Central* St., *440-1* Ward)Length of residence in city or town where death occurred *5* yrs. *5* mos. *23* ds. How long in U. S. If of foreign birth? *5* yrs. *5* mos. *23* ds.

2. FULL NAME

(a) Residence: No. *1042 N. Central* St., *440-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced (or) WIFE of *Henry C. Steelman*7. DATE OF BIRTH (month, day, year) *June 26 1879*8. AGE Years *57* Months *5* Days *23* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Ballo, Va.*13. NAME *John E. Bailey*
14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Margaret D. Jones*
16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *M. Henry C. Steelman*
(Address) *1042 N. Central*18. BURIAL, CREMATION OR REMOVAL *Vol. Redemptor*
Place *Dec. 22 1936*19. UNDERTAKER *Henry C. Steelman*
(Address) *1304 E. Chase*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 19 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 17 1936 to Dec. 19 1936*I last saw her alive on *Dec. 18 1936*. Death is said to have occurred on the date stated above, at *5:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decomensation

Other contributory causes of importance:

*Acute Cardiac Dilatation*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *Clinical* as there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease in any way related to occupation of deceased?

yes. If so, specify *Overwork.*(Signed) *Ernest D. Littman* M. D.(Address) *1304 E. Chase*

21 1936

Huntington

F 30247

F 30247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Seiling's Sanitorium St. 78-4 Ward)Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 6 yrs. 4 mos. 4 ds.2. FULL NAME Mary Ella CrookIf U.S. Veteran
specify WAR(a) Residence: No. 4713 Blagden Terrace, Wash. D. C. St. 78-4 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of Wm. H. Crook
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 26, 18487. AGE 88 Years 3 Months 25 Days If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West River (State or country) Md.13. NAME John G. O'Hara14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Jane Duvall16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Robert Smeltzer
(Address) 4713 Blagden Terrace, Wash. D. C.18. BURIAL, CREMATION, OR REMOVAL St. Olivet Place Dec. 21 193619. UNDERTAKER Wm. J. Dwyer & Sons
(Address) 20 E. Preston St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 193622. I HEREBY CERTIFY, That I attended deceased from June 14 1936 to December 19 1936I last saw her alive on December 18, 1936. Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Years

Other contributory causes of importance:

Coronary Emboli2 daysWas an operation performed? — Date of —For what disease or injury? ChambersWhat test confirmed diagnosis Chambers Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William Lee Fort(Address) 20 E. Preston St.

M. D.

C 21 1333

30248

HEALTH DEPARTMENT—CITY OF BALTIMORE

30248

CERTIFICATE OF DEATH

1. PLACE OF DEATH

 CITY OF BALTIMORE: (No. 52 E. 26th St., 12 Ward)

 Length of residence in city or town where death occurred 26 mos. 12 ds. How long in U. S. If of foreign birth 26 yrs. 12 mos. 12 ds.

2. FULL NAME

 (a) Residence: No. 52 E. 26th St., 12 Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

 6a. If married, widowed, or divorced
 HUSBAND of Beidia
 (or) WIFE of
6. DATE OF BIRTH (month, day, year) 1878
 7. AGE Years 58 Months Days If LESS than 1 day, 1 hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40

 12. BIRTHPLACE (city or town) (State or country) Poland

 13. NAME Katrom

 14. BIRTHPLACE (city or town) (State or country) Poland

 15. MAIDEN NAME Katrom

 16. BIRTHPLACE (city or town) (State or country) Poland

 17. INFORMANT Beidia Lone
 (Address) 52 E. 26th St.

 18. BURIAL, CREMATION, OR REMOVAL
 Place Home Date 12-21-36

 19. UNDERTAKER John J. ...
 (Address) ...

MEDICAL CERTIFICATE OF DEATH

 21. DATE (IF DEATH (month, day, year) 12-20- 1936

 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

 I last saw him alive on 12-20-36 Death is said to have occurred on the date stated above, at 12-20-36 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Atherosclerosis

Date of onset

12-20-365

Other contributory causes of importance:

 Name of operation Amputation Date of 12-20-36

 What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

 M. D.
 Coroner

EG 21 1936

30249 HEALTH DEPARTMENT—CITY OF BALTIMORE 30249

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2-3 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Stemmer

If U.S. Veteran specify WAR

(a) Residence: No. 1817 Fleet St., Ward. (Usual place of birth)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/14/35

7. AGE Years 1 Months 18 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME John Stemmer

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mary Stuzgowska

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 12/21/36

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936 to Dec 19, 1936

I last saw him alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

Diarrhea
otitis media

Date of onset

Dec 14

" "

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) John A. Washington

(Address) Johns Hopkins Hosp

M. D.

DEC 21 1936

30250

HEALTH DEPARTMENT—CITY OF BALTIMORE

30250

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 N. Kenwood Ave. St. 6-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME JOHN HENRY SCHMIDT(a) Residence: No. 144 N. Kenwood Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Martha Schmidt
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 15. 18597. AGE Years 77 Months 6 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar. 193311. Total time (years) spent in this occupation 50 yrs12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Arcadius Schmidt14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Guy Bobb Schmidt (Son)
(Address) 144 N. Kenwood Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cemetery Date Dec. 21. 193619. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19. 1936 1922. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1936 to Dec. 19 1936.
I last saw him alive on Dec. 18 1936 Death is said to have occurred on the date stated above, at 6.00a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis

Other contributory causes of importance:

Atherosclerosis Liver

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) _____

(Address) _____

M. D.

FILED
DEC 21 1936

0251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30251

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2243 Mura St.

St. 8-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

AMELIA BOND

(a) Residence: No. 2243 Mura St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of William Bond (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 27. 1869

7. AGE Years 67 Months 8 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME ? Fuchs

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Wm. Becker (Brother in law) (Address) 2243 Mura St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Dec. 22. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 20, 1936.

I last saw him alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Other contributory causes of importance:

Cardiac Decompensation

Date of onset

Dec 17

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

F. E. Kerner

1301 N. Pat Rk Ave

M. D.

C 21 1936

✓ F 30252

30252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hos. St. 12-5 Ward)Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dany

If U. S. Veteran

specify WAR

(a) Residence: No. 432 S. Federal St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane6. DATE OF BIRTH (month, day, year) May 18547. AGE Years 82 Months 72 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Maryland13. NAME William14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs. Jane Dany (Address) 432 S. Federal18. BURIAL, CREMATION, OR REMOVAL 12/21/36 Place Mt. Carey Date19. UNDERTAKER Mrs. George H. Holland (Address) 1631 David Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

2nd degree Burns
rocks button & iron

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident Date of injury Dec 1, 1936

Accident, suicide, or homicide

Where did injury occur? Belt Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place at home, in his underwearManner of injury over a candle with ignitedNature of injury his shirt & trousers

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Dany M. D.(Address) 1010 S. Clinton Ave

EC 21 100

19

Registrar

30253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30253

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 27-15* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *1* mos. *18* ds. How long in U. S. If of foreign birth? *2* yrs. *1* mos. *18* ds.

2. FULL NAME

Maria Berrie

If U. S. Veteran specify WAR

(a) Residence: No. *4600 Falls Rd.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Cel* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1856*7. AGE Years *80* Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as *Old Age Pensioner* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *80*12. BIRTHPLACE (city or town) (State or country) *MD*13. NAME *?*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *?*17. INFORMANT *Lena Smith* (Address) *1606 McCall St*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *12/22/36*19. UNDERTAKER *Mrs. George H. ...* (Address) *1631 ...*20. FILED *21* 19*36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-19, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1st - 2nd 3rd degree Burn of Body

Date of onset

12/19/36

Other contributory causes of importance:

Was an operation performed? *Yes* Date of

For what disease or injury?

Name of operation *Thyroid* Date ofWhat test confirmed diagnosis? *Thyroid* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury *12-19, 1936*Where did injury occur? *Back of neck* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Ignited by fire in*Nature of injury *Hot stove - Exposed body part*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. J. Allen* M. D.(Address) *107 ...*

F 30254

F 30254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Pierce st. St. 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Green

(a) Residence: No. 1713 Pierce st. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Green.

6. DATE OF BIRTH (month, day, year) Oct. 17th. 1887

7. AGE Years 73 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co., Md. (State or country)

13. NAME John Gardman

14. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

17. INFORMANT Cora Green (Daughter) (Address) 1713 Pierce st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 24, 1936

19. UNDERTAKER (Address)

Joseph A. Spivey 407 N. Mount St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th. 1936 Dec. 17, 1936 I last saw him alive on Dec. 16th. 1936 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of Cardiac Decompensation

Date of onset Dec. 10th 1936

Other contributory causes of importance:

Mitral Ins.

Abt. Aug.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of Phys. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Walter J. Jackson

M. D.

(Address)

1631 W. Franklin st.

FILED

REGISTERED

F 30255 HEALTH DEPARTMENT—CITY OF BALTIMORE RE30255

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Gilmore st 19-1 Ward)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Stephen Edward Satterfield

(a) Residence: No. 416 N. Gilmore st St., 19-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

c. DATE OF BIRTH (month, day, year) May 11th. 1930

7. AGE 6 Years 7 Months 6 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME Stephen Edward Satterfield
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Nannie Pitts
16. BIRTHPLACE (city or town) Bestland Kb.
(State or country) Va.

17. INFORMANT Wm William Pitts
(Address) 416 N. Gilmore st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 21 - 1936

19. UNDERTAKER Joseph A. Sively
(Address) 409 N. Mount St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17th. 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 16th 1936 to Dec. 17th 1936

I last saw him alive on Dec. 17th 1936 Death is said to have occurred on the date stated above, at 5.00 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia.

Other contributory causes of importance:

Was an operation performed? 0 Date of 0

For what disease or injury?

Name of physician Physical Examination Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following: 0

Accident, suicide, or homicide? 0 Date of injury 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify 0

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

C 21 1936

F 30256

✓ F 30256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E. Lafayette Ave Ward 8-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

(a) Residence: No. 1908 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Belle Harris
(or WIFE of)6. DATE OF BIRTH (month, day, year) June 18, 18737. AGE Years 63 Months 5 Days 20 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) City
(State or country)FATHER 13. NAME William Hesse14. BIRTHPLACE (city or town) City
(State or country)MOTHER 15. MAIDEN NAME Mary Bayley16. BIRTHPLACE (city or town) MD
(State or country)17. INFORMANT Mrs. Minnie Chard
(Address) 1908 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 12/21/193619. UNDERTAKER E. J. Thompson & Son
(Address) 1908 E. Lafayette Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 193622. I HEREBY CERTIFY, That I attended deceased from November 23, 1936, to December 18, 1936I last saw him alive on December 17, 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related cause of importance were as follows:

Carcinoma of Prostate
Bladder
and Uterus

Date of onset

2 years
ago

Other contributory causes of importance:

Atherosclerosis
Heart disease1 month
ago

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation Prostatectomy Date of _____What test confirmed _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Albert C. [unclear] M. D.(Address) 1908 E. Lafayette Ave.

6-12-1936

St. [unclear]

30257

HEALTH DEPARTMENT—CITY OF BALTIMORE

30257

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Edmonson Ave. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Edgar Alexander Skene

6. DATE OF BIRTH (month, day, year)

July 10, 1905

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

31

5

89

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Edgar Alexander Skene 840 Edmonson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams 3221 Edmonson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 8, 1936, to Dec 14, 1936

I last saw her alive on Dec 14, 1936 Death is said

to have occurred on the date stated above, 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis (Chronic)

Date of onset

Sept 2, 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

E. William Fley 1728 Penna Ave

M. D.

FILED

6-27-1936

Registrar

30258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1650 N. North Ave. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emanuel Benheim

If U. S. Veteran specify WAR

(a) Residence: No. 1650 N. North Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20th 1852

7. AGE Years 84 Months — Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Doctor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Doctor 10. Date deceased last worked at this occupation (month and year) Nov. 1936 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Emanuel Benheim

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Heston

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Nice M. O'Connell (Address) 1650 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Burial Place 7 rem. 12/22/36

19. UNDERTAKER David Houdouin (Address) 1802 E. Ave. No. 2

21. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20th 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1936 to Dec. 20th 1936I last saw him alive on Dec. 20th 1936 Death is said to have occurred on the date stated above, at 1058 P.

The principal cause of death and related causes of importance were as follows:

Venous thrombosis of the right femoral vein, embolism of the pulmonary artery, and hemorrhage of the brain.

Other contributory causes of importance: Failure of heart, hypertensive hemorrhage of the brain.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Benheim M. D.

(Address) 1650 N. North Ave.

30259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30259

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Hollins St. St. 19-4 Ward)

Registered No. 93c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Ellen B. Grindell

(a) Residence: No. 1606 Hollins St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of late George W. Grindell (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1956

7. AGE Years 80 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) At Home Total time (years) 00:7

12. BIRTHPLACE (city or town) Ohio (State or country)

13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. C. A. Atkinson (Address) 1606 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 12/22/36 19

19. UNDERTAKER George L. Bayard (Address) 1512 Hollins St.

21-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/12/36 19 to 12/19/36 19

I last saw her alive on 12/17/36 19 Death in said to have occurred on the date stated above, at 12:15 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation

Date of onset

Other contributory causes of importance:

Chronic myocarditis & hypertension
Senility.

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 30260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19028

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Balto. City Hospt.**
24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME **Ada Cooper**

If U.S. Veteran specify WAR

(a) Residence: No. **302 E. Fort Ave.**

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widow**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Frank**

6. DATE OF BIRTH (month, day, year) **8-30-1882**

7. AGE Years **52** Months **3** Days **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home Sewing** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Md.**

13. NAME **Edward Hatfield**

14. BIRTHPLACE (city or town) (State or country) **Md.**

15. MAIDEN NAME **Lydia Thomas**

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT **B. C. H. Records** (Address)

18. BURIAL, CREMATION, OR REMOVAL Place **Leader Hill** Date **Dec 21 1936**

19. UNDERTAKER **John F. Ranney** (Address) **715 Light St**

20. FILED

EC 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **12-17** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **11-27** 19**36** to **12-17** 19**36**

I last saw her alive on **12-17** 19**36** Death is said to have occurred on the date stated above, at **9:40 P.**

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset **2 1/2 mo.**

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **John F. Ranney**

(Address) **Baltimore City Hospital**

30261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30261

127-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33* yrs. *9* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Temple Court Apartments* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of

*Mrs. Mae Belle Matthews*6. DATE OF BIRTH (month, day, year) *April 7, 1903*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*33**98**12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Henry W. Matthews*14. BIRTHPLACE (city or town) *Iowa*
(State or country)15. MAIDEN NAME *Marian Thure Guth*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT *Marian J. Matthews*(Address) *311 Overhill Road*

18. BURIAL, CREMATION, OR REMOVAL

(Place) *David Ridge* Date *Dec 21, 1936*19. UNDERTAKER *John Mitchell*(Address) *1901 Easton Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 19, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Nov. 25, 1936* to *Dec. 19, 1936*I last saw him alive on *Dec. 19, 1936* Death is said to have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Intestinal obstruction.*Date of onset
12-18-36

Other contributory causes of importance:

*Myocardial failure**12-18-36*Was an operation performed? *Yes*Date of *12-17-36*

For what disease or injury?

*Ventral hernia and Intestinal Adhesions*What test confirmed diagnosis? *Operation* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

W. J. Stup
W. J. Stup M. D.

FILED

DEC 21 1936

30262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30262

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Essex

St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Maciej Trawinski

(a) Residence: No.

2107 Essex

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced

HUSBAND of

Pauline Trawinski

6. DATE OF BIRTH (month, day, year) May 8, 1864

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 72 | | 7 | 11 | |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Laborer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Eyers Packing Co. |
| | 10. Date deceased last worked at this occupation (month and year) 1930 | 11. Total time (years) spent in this occupation 7 yrs. |

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME William Trawinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Fiblek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Trawinski (Address) 2107 Essex St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Dec. 22 1936

19. UNDERTAKER J. Alton Boykin (Address) 700 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1936

22. I HEREBY CERTIFY That I attended deceased from

Oct 1, 1936 to Dec 19, 1936. I last saw him alive on Dec 19, 1936. Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart trouble

Date of onset

Sept 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Reardon, M. D.

(Address) 8014 Harwood

21 1936 Registrar

30263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30263

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *7-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 1/2* yrs. *12* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frances Maier(a) Residence: No. *821 N. Patterson Pl.* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*John G. Maier*6. DATE OF BIRTH (month, day, year) *Feb 7, 1876*7. AGE Years *61* Months *10* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *John P. Maier*14. BIRTHPLACE (city or town) (State or country) *Cenestria*15. MAIDEN NAME *Wm. Brown*16. BIRTHPLACE (city or town) (State or country) *Cenestria*17. INFORMANT *John G. Maier*(Address) *821 N. Patterson Pl.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Dec. 23, 1936*19. UNDERTAKER *Wm. G. Brown*(Address) *1806 W. 1st St.*

20. FILED

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 15, 1936*, to *Dec 19, 1936*I last saw her alive on *Dec 19, 1936*. Death is said to have occurred on the date stated above, at *10²⁰ A* m.

The principal cause of death and related causes of importance were as follows:

*Acute Gangrenous Cholecystitis.
Cholelithiasis
Pyonephrosis, left*

Date of onset

Other contributory causes of importance:

Septicemia

Date of death

Was an operation performed? *no*

Date of

For what disease or injury?

What test confirmed diagnosis? *—*Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *H. Austran*

M. D.

(Address) *St. Joseph's Hospital*

30264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100-Warwick Ave. St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Margaret E. Walker

(a) Residence: No.

2100-Warwick Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John E. Walker

6. DATE OF BIRTH (month, day, year)

10/26/1876

7. AGE

60

Years

Months

1

Days

22

If LESS than

1 day or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

John J. Schaffer

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Emely Hafley

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

John E. Walker
2100-Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Clive-Balto. Co. 12/22/36

19. UNDERTAKER

(Address)

George J. Ruth, Inc.
1735-Harford Ave.

21 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

30265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30265

34-82-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *unknown* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Arthur Lewis*If U.S. Veteran
specify WAR(a) Residence: No. *911 Pennsylvania Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *unknown*7. AGE Years *193* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *British West Indies*13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *deceased*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md*Date *Dec 21* 193619. UNDERTAKER *Commissioner of Health*
(Address)

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *17, 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *17, 14, 1936* to *17, 16, 1936*I last saw him alive on *17, 16, 1936* Death is said to have occurred on the date stated above, at *2:50 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage
thrombosis*

Date of onset

12.11.36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. D. Carr, M.D.

M. D.

(Address)

515 Mosher St

21 1936

28367

30266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30266

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. _____)

St. 3-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Green

If U.S. Veteran specify WAR _____

(a) Residence: No. 812 E. Pratt St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|----------------|---------------------------|---|

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 6-21-1857

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 79 | 5 | 24 | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME William Green

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Jane Davis

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place, Church of Md Date Dec 21, 1936

19. UNDERTAKER (Address)

Per H. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1936 to 12-15, 1936

I last saw him alive on 12-15, 1936 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) Date of onset 3 days

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John L. Ramsey
Baltimore City Hospital

21 1936

2837 H

30267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 30267-18994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-15 Ward)Length of residence in city or town where death occurred life yrs. 12 mos. 15 ds. How long in U. S. If of foreign birth? 12 yrs. 15 mos. 15 ds.2. FULL NAME Baby Girl Sofsky

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 403 E. 27th St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/26/367. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 days 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME William Sofsky14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Violet Hearn16. BIRTHPLACE (city or town) Philadelphia
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 21, 193619. UNDERTAKER
(Address)

20. FILED

Per H. A. Moore

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 193622. I HEREBY CERTIFY, That I attended deceased from 12-12, 1936, to 12-15, 1936I last saw her alive on 12-15, 1936 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Otitis media

Date of onset

11-26-3612-10-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-15

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12-15, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. B. Gray M. D.
Baltimore City Hospital

21 1936

2838

30268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Linden Ave. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Allan Henry

(a) Residence: No. 1001 N. Linden Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Alice Henry

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Lula Harris

16. BIRTHPLACE (city or town) Middlesex County Va. (State or country)

17. INFORMANT Lula Harris. (Address) 1001 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Dec 21, 1936

19. UNDERTAKER Per Registrar 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1936 to 12/18, 1936

I last saw him alive on 12/17, 1936 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Congestive heart failure

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

3F 0540
30269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30269

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 23 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Marie Thomas

(a) Residence: No.

Daisy-Howard Co. St.,

Ward.

Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Edward*

6. DATE OF BIRTH (month, day, year) *10-1-04*

7. AGE Years *32* Months *2* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *H.W. 37*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Md* (State or country)

13. NAME *Reese Fisher*

14. BIRTHPLACE (city or town) *Md* (State or country)

15. MAIDEN NAME *Kate Thomas*

16. BIRTHPLACE (city or town) *Md* (State or country)

17. INFORMANT *Records* (Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL Place *Poplar Springs* Date *12-23-36*

19. UNDERTAKER *2700 W. 10th Ave* (Address) *City*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 27, 1936* to *Dec 20, 1936*

I last saw her alive on *Dec 20, 1936* Death is said to have occurred on the date stated above, at *730 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic colitis

Date of onset

Oct. '36

Other contributory causes of importance:

Pellagra, secondary to diet

Was an operation performed? *Yes* Date of *Dec 19, '36*

For what disease or injury? *Colitis*

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Palmer H. ...* M. D.

(Address) *Johns Hopkins Hospital*

21 1936

F 30270

30270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *110 N. Belnord Ave.* St. *6-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *110 N. Belnord Ave.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *John L. Smith* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 5, 1872*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

67 *5* *13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife 0037*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

II. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*FATHER 13. NAME *George Dremeling*14. BIRTHPLACE (city or town) (State or country) *Germany*

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *John L. Smith* (Address) *110 N. Belnord Ave*18. BURIAL, CREMATION, OR REMOVAL Place *St. Redeemer* Date *Dec 22* 19*36*19. UNDERTAKER *Frank V. Pipitone* (Address) *281 E. Baltimore St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-18-1936*

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1936, to December 18, 1936

I last saw him alive on December 18, 1936 Death is said to have occurred on the date stated above, at 9:50 P. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis 97 Unknown

Chronic Rheumatoid Arthritis 57 Unknown

Chronic Myocarditis 93d Unknown

Diabetes Mellitus 61 Unknown

Other contributory causes of importance:

Acute Myocardial Failure 432d One hour

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Philippus Artigian* M. D.

(Address) *2342 East Fourth Street*

21 1936

Registrar.

0271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ P 30271

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 70-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *49* yrs. *4* mos. *16* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*James Edward Flynn*If U.S. Veteran
specify WAR(a) Residence: No. *116 N. Payson* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 4-1887*

| | | | | |
|---------------------|-------------------|---------------------|-------------------|----------------------------------|
| 7. AGE <i>49</i> | Years <i>4</i> | Months <i>16</i> | Days <i>15</i> | If LESS than 1 day, hrs. or min. |
|---------------------|-------------------|---------------------|-------------------|----------------------------------|

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>clerk 1909</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>B & O R. R.</i> |
| | 10. Date deceased last worked at this occupation (month and year) |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Dominic Flynn

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Mary Feeney

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

Miss Catherine D. Flynn(Address) *116 N. Payson St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery* Date *Dec 22, 1936*

19. UNDERTAKER

Henry W. Meerson(Address) *805 N. Calvert St.*

20. FILED

21 1936

Huntington Library, 150 R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 6, 1936, to Dec. 20, 1936*I last saw him alive on *Dec. 20, 1936* Death is said to have occurred on the date stated above, at *5:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder (cancer)

Date of onset

unknown

Other contributory causes of importance:

Carcinoma en cuirasse

Date of onset

*unknown*Was an operation performed? *Yes* Date of

For what disease or injury?

What test confirmed diagnosis? *Biopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Wm. C. Dunningan* M. D.(Address) *Mercy Hospital*

✓ F 30272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 E Fort au St., 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1518 E Fort au St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov. 15 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert P. Johnston

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Marie Mc Donnell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Marie Johnston (Address) 1518 E Fort au

18. BURIAL, CREMATION, OR REMOVAL

Place New Calhoun Date Dec 22 1936

19. UNDERTAKER Charles S. Stevens (Address) 1001 E 20th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Dec 21 1936

I last saw him alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 9 am

The principal cause of death and related causes of importance were as follows:

General Diphtheria Septicemia (Chills)

Acute Epiglottitis, hydrocele, Erysipelas of face + abscess neck

Date of onset

7 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos Pa Shinas

(Address) 2878 Hatford St

M. D.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE.

21-1036

Huntington Library

F 30273

F 30273 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____

Years _____

Months _____

Days _____

If LESS than 1 day, _____ hrs. or min. _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

FATHER

MOTHER

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER _____ (Address) _____

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____ 1936

22. I HEREBY CERTIFY that I took charge of the remains described above, held in _____ (Inquest, Autopsy or Inquiry) _____

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

M. D.

(Address) _____

Coroner _____

22 1836

30274 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30274

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore* Registered No. _____
 CITY OF BALTIMORE: (No. *St. 210-M* Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred *21 yrs.* mo. *10* ds. How long in U. S. If of foreign birth? *21 yrs.* mo. *10* ds.
 2. FULL NAME *Rubara Elizabeth Buttner* If U. S. Veteran specify WAR *No Record*
 (a) Residence: No. *759 N. Fayette* St., *210-M* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>Male</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 3a. If married, widowed, or divorced HUSBAND of <i>John S. Buttner</i> (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, year) <i>Aug 21-1861</i> | | |
| 7. AGE <i>35</i> | Years <i>3</i> | Months <i>11</i> |
| Days <i>29</i> | | If LESS than 1 day, <i>hrs.</i> <i>0</i> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i> | |
| | 10. Date deceased last worked this occupation (month and year) <i>12/13/36</i> | |
| 11. Total time (years) spent in this occupation <i>52</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/20*, 19*36*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held up *by hand* thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said *hand* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia (small) *12/19-36*

Other contributory causes of importance:

Ice scalp *12/13-36*

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *ACC* Date of injury *12-13-1936*

Where did the injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street*

Manner of injury *Struck by auto while crossing street*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Hubert Butler*

Coroner

M. D.

(Address) *907 N. Charles*

20. FILED *12-22-1936*

EC 22-1936

30275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltic City No. 25-4* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Annie Clayton*

If U. S. birth specify Ward _____

(a) Residence: No. *3717 Hanover* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles*6. DATE OF BIRTH (month, day, year) *May 6 1861*7. AGE Years *75* Months *6* Days *14* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*13. NAME *John Byrth*14. BIRTHPLACE (city or town) *Berlin* (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*17. INFORMANT *Charles Clayton* (Address) *3717 Hanover*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Dec 22nd 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul st*20. FILED *6-22-1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypostatic pneumonia

Other contributory causes of importance:

Fracture left femur

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *Nov 30, 1936*Where did injury occur? *Baltimore Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *Fell down cellar steps*Nature of injury *Fracture left femur etc*

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *A. W. M. M. M.*(Address) *1010 S. E. M. M.*

Coroner

M. D.

F 30276

F 30276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4104 Northern Parkway* Ward *7-5*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4104 Northern Parkway* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced ~~husband~~ of *Harry B. Bottom* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 24th 1886*7. AGE Years *50* Months *3* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home* 10. Date deceased last worked at this occupation (month and year) *1933* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*13. NAME *N. Newman* 14. BIRTHPLACE (city or town) *Balto* (State or country) *MD*15. MAIDEN NAME *N. Newman* 16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Harry B. Bottom* (Address) *4104 Northern Parkway*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Dec 22nd 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul st*20. FILED *22 1936* *Wm Cook* *1217 St Paul st*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 19 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis (Interstitial)
Chronic Myocarditis
Hypertension*

Other contributory causes of importance:

*Cerebral Angiopathy*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Cerebral* Date of *16*What test confirmed diagnosis? *Cerebral* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker*(Address) *1919 E North Ave*

M. D.

30277 HEALTH DEPARTMENT—CITY OF BALTIMORE 30277

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Huntington Ave Ward 7)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Catherine Chaffman

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 3101 Huntington Ave St.,

(Usual place of abode)

Ward.

If U.S. Veteran specify WAK.

No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~widowed, or divorced~~ husband of Walter E. Chaffman (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17th 1875

7. AGE Years 61 Months 6 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Denmark

13. NAME William Poulsen
14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Ellen Madison
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Walter E. Chaffman (Address) 3047 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec 23rd 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct. 1930 to Dec. 21 1936.

I last saw her alive on Dec. 21 1936. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Infection of right foot
Coma

Date of onset Dec 1936

Other contributory causes of importance:

Diabetes Mellitus

7 yrs.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Hugh Forsythe

M. D.

(Address) 424 E. North Ave.

C 22 1936

F 30278

F. 30278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Robert St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 535 Robert St. 14-3 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Harry Satterfield

6. DATE OF BIRTH (month, day, year) 12-29-1888

7. AGE Years 48 Months 89 Days 20 LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Arthur Elchus

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Shell Bush

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Berry (Address) 835 Harbor St.

18. BURIAL, CREMATION, OR REMOVAL New Calverton Date 12/22/36

19. UNDERTAKER Bernard O'Connell (Address) 818 Dumbarton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/36

22. I HEREBY CERTIFY, That I attended deceased from 12/6/36 to 12/19/36

I last saw him alive on 12/18/36 at 10-30 AM Death is said to have occurred on the date stated above, at 10-30 AM

The principal cause of death and related causes of importance were as follows:

Internal Carcinoma 2/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Keating M. D. (Address) 1600 W. Lawrence St.

DEC 22 1936

30279

F 30279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Bennett Place ST. 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 920 Bennett Place ST. 18 WARD
(Usual place of abode)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------------|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>Colored</u> | 5 Single, Married, Widowed, or Divorced, (write the word) <u>Married</u> |
| 5a If married, widowed, or divorced HUSBAND of <u>Ethel Brown</u> (or) WIFE of | | |
| 6 DATE OF BIRTH (month, day, and year) <u>Sept 6 1891</u> | | |
| 7 AGE <u>45</u> | Years <u>3</u> | Months <u>13</u> |
| If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-1936

17

I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1936, to Dec 19, 1936
that I last saw him alive on Dec 19, 1936and that death occurred, on the date stated above, at 10:22 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(duration) 4 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed)

M. D.

12-21-1936 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

C 22 1936

F 30280 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30280

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1814 N. Caroline St. 9-4* Ward)

Length of residence in city or town where death occurred *life* mos. *life* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Edmund H. Colburn*

(a) Residence: No. *1814 N. Caroline St.* Ward. (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <i>male</i> | 4. Color or Race <i>white</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>married</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mary K. Colburn</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Aug 28, 1859</i> | | |
| 7. AGE <i>77</i> | Years <i>3</i> | Months <i>23</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Fireman</i> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) *md*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME *Sophia Martin*

16. BIRTHPLACE (city or town) (State or country) *md*

17. INFORMANT *Mary K. Colburn* (Address) *1823 N. Durham St.*

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Date *Dec 24, 1936*

19. UNDERTAKER *Chenoweth* (Address) *3615-17 Chestnut Ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 21, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 21, 1936* to *Dec 21, 1936*

I last saw him alive on *Dec 21, 1936*. Death is said to have occurred on the date stated above, at *5:00* m.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion

Date of report *12/24/36*

Other contributory causes of importance:

arterio-sclerosis, hypertension

?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John W. Anderson*

(Address) *1814 N. Caroline St*

M. D.

22 1936 *Huntington*

F 30281

F 30281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.)

25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. 13 ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Howard Mosbrugger

(a) Residence: No.

2 South Ave

St.,

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec. 13, 1922

7. AGE

14

Years

Months

Days

If LESS than
1 day, hrs.
or min.

9

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

School Boy

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

1936

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Catonville
Maryland

FATHER

13. NAME

Howard W. Mosbrugger

14. BIRTHPLACE (city or town)
(State or country)Catonville
Maryland

MOTHER

15. MAIDEN NAME

Betty Hoyer

16. BIRTHPLACE (city or town)
(State or country)Catonville
Maryland

17. INFORMANT

(Address)

Howard W. Mosbrugger
Catonville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date Dec 23, 1936

19. UNDERTAKER

(Address)

Easton Bros.
Catonville, Md.

20. FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

December 9, 1936, to Dec 21, 1936

I last saw him alive on Dec 21, 1936 Death is said
to have occurred on the date stated above, at 3 A M.The principal cause of death and related causes of
importance were as follows:Encephalitis - unknown
etiology

Date of onset

12-9-36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence J. Shimaneh, M. D.

(Address) St. Agnes Hospital

EC 22 1936

30282

F 30282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Luzerne Ave., 8-3 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify World War.

2. FULL NAME Norman Leroy Lewis.

(a) Residence: No. 1512 N. Luzerne Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian I. Lewis

6. DATE OF BIRTH (month, day, year) May 4-1890

7. AGE Years 46 Months 7 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wolford Bag Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurel Md. (State or country)

13. NAME George W. Lewis

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Annie Ridgely

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Lillian I. Lewis. (Address) 1512 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 12.24-1936

19. UNDERTAKER (Address) 1606 N. Chester Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1936, to Dec 26, 1936

I last saw ~~deceased~~ alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 11:52 a.m.

The principal cause of death and related causes of importance were as follows:

Sepsis & Hepatitis
Hypertension &
Acute Stomatitis & Typhoid

Other contributory causes of importance:

Hypertension & Hepatitis

Was an operation performed? no Date of

For what disease or injury? no Date of

Name of operation no Date of

What test confirmed diagnosis? Clinica Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury non

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

P. O. Casman, M. D.
1707 N. Caroline St.

EG 72 1936

F 30283 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30283

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Hoffmann St. 7-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 713 Brune St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/917. AGE Years Months Days If LESS than 1 day, hrs. or min. 458. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamaica (State or country) West India, Jamaica13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Adolphus Halstead(Address) 643 Hoffmann St

18. BURIAL, CREMATION, OR REMOVAL

Place Nottingham Cemetery Date Dec 27 193619. UNDERTAKER Adolphus Halstead(Address) 713 Brune St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death as stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

DEC 22 1936

30284

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30284

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 008 N Patterson Park Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Christian William Gleichman

If U.S. Veteran

specify WAR

(a) Residence: No.

008 N Patterson Park Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Elizabeth Gleichman

6. DATE OF BIRTH (month, day, year) Aug 15, 1861

7. AGE Years 75 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1932 Cattle 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME John Gleichman

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mrs Elizabeth Gleichman

(Address)

008 N P. O. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date Dec 22, 1936

19. UNDERTAKER

(Address) John Ullrich

2008 Orleans

20. FILED

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 4, 1936, to Dec 19, 1936.

I last saw him alive on Dec 19, 1936. Death is said to have occurred on the date stated above, 3 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis + Left Hemiplegia

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. O. Carman

M. D.

1701 N. Caroline St

30285

HEALTH DEPARTMENT—CITY OF BALTIMORE

30285

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Greenway

St. 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Campbell

If U.S. Veteran
specify WAR

(a) Residence: No. 3405 Greenway

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| male | white | married |

6. If married, widowed, or divorced
HUSBAND of Edith E. Frost
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/21/61

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 75 | 7 | -- | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Vice Pres. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Metal Window Co. |
| FATHER | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| | | |

12. BIRTHPLACE (city or town) Albany, N.Y.
(State or country)

13. NAME Wm. J. Campbell

14. BIRTHPLACE (city or town) N.Y.
(State or country)

15. MAIDEN NAME Adeline Hall

16. BIRTHPLACE (city or town) N.Y.
(State or country)17. INFORMANT Wm. J. Campbell
(Address) 15 Merrymount Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Albany, N.Y. Date 12/22/3619. UNDERTAKER John Mitchell Sons
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/36

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 to Dec 21

I last saw him alive on Dec 21, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Septicococcus Infection
PharyngitisDate of onset
Dec 17-26

Other contributory causes of importance:

Myocarditis
Septicemia

Was an operation performed? Yes Date of Dec 20-36

For what disease or injury? Incision of abscess in front of ribcage

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Geo F. Blane

M. D.

(Address)

20 E. Preston St.

DEC 22 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE 30286

30286

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Laurens St. St. 14-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles S. AVERY

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 232 Laurens St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha A. Beck

6. DATE OF BIRTH (month, day, year) July 20/ 1875

7. AGE Years 61 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) EASTON Md. (State or country)

13. NAME David C. AVERY

14. BIRTHPLACE (city or town) New York State (State or country)

15. MAIDEN NAME Harriet Mineah

16. BIRTHPLACE (city or town) NEW YORK STATE (State or country)

17. INFORMANT Miss ELSIE M. AVERY (Address) 2121 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Dec 22, 1936, 19

19. UNDERTAKER John Mitchell Leno (Address) 1900 Eutaw Place

20. FILED

DEC 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 19, 1936

I last saw him alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at 2 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis Dec 17

Other contributory causes of importance:

None

Was an operation performed?

No

Date of

For what disease or injury?

Isued

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H H Pearce

M. D.

(Address)

2105 N. Charles St.

30287 HEALTH DEPARTMENT—CITY OF BALTIMORE 30287

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No. 131)

Franklin Square St.

436 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

Alice C. Jones

(a) Residence: No.

918 Wellington Rd.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of

Albert T. Jones, Jr.

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 23, 86

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

50

1

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife 37

12. BIRTHPLACE (city or town) (State or country)

Hagerstown, Ind

FATHER

13. NAME

Franklin P. Card

14. BIRTHPLACE (city or town) (State or country)

Ind.

MOTHER

15. MAIDEN NAME

Missouri, Charles

16. BIRTHPLACE (city or town) (State or country)

Ind.

17. INFORMANT

(Address)

Eldred V. Jones, Jr. 918 Wellington Rd.

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Buried, Hill & Smith, Baltimore 12/20/36

19. UNDERTAKER

(Address)

H. G. V. Jones, Jr. 401 Diamond St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

December 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

August 16, 1935

to

December 20, 1936

I last saw him alive on December 19, 1936 Death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Wrenia.

Date of onset

Dec 16, 1936

Other contributory causes of importance:

Hypertensive Pneumonia.

Dec 17

Name of operation

Date of

What test confirmed diagnosis? Chemo Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Eldred V. Jones

M. D.

(Address)

601 York Road

EC 22 1936

F 30288

F 30288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18884

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-2 Ward)Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Alice Spears

If U.S. Veteran

specify WAR

(a) Residence: No. 1202 W. Lexington St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|---|
| 3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|--------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of William Spears
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6-16-1875

| | | | | |
|---------------------|-------|--------------------|------------------|--|
| 7. AGE 61 | Years | Months 6 | Days 1 | If LESS than 1 day, hrs. or min. |
|---------------------|-------|--------------------|------------------|--|

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S. C.
(State or country)13. NAME Jeff Williams14. BIRTHPLACE (city or town) S. C.
(State or country)15. MAIDEN NAME Sally Odom16. BIRTHPLACE (city or town) S. C.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place mt. Calvary Date 12-22-193619. UNDERTAKER Geo. H. Johnson
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 193622. I HEREBY CERTIFY. That I attended deceased from 12-27, 1936, to 12-17, 1936I last saw her alive on 12-17, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset

2 mks

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. Barney
Baltimore City Hospital

M. D.

EC-22 1936

Register

F 30289 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30289

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 25-6)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Emanuel Smith

(a) Residence: No. 3205 Fairfield Rd.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

Registered No. 16584 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-12-1892

7. AGE 44 Years 9 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C. (State or country)

13. NAME Paul

14. BIRTHPLACE (city or town) N. C. (State or country)

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wt. Calvary Date 12-24-36

19. UNDERTAKER Jos. Hausman (Address) 336 Anna St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1936 to 12-20, 1936

I last saw him (alive on 12-20, 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset 10 mon

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

John F. Ramey M. D.
Baltimore City Hosp.

EC 22 1936

30290

F 30290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital*)St. *15-12* Ward)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *25* yrs. *0* mos. *0* ds.

2. FULL NAME

Rose Britler(a) Residence: No. *2802 Hilldale Av.*St. *15-12* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Charles*

6. DATE OF BIRTH (month, day, year)

7. AGE *57* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland*
(State or country)13. NAME *Morris*14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *Jenny Goldsmith*16. BIRTHPLACE (city or town) *Poland*
(State or country)17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wynfield* Date *12/22/36*19. UNDERTAKER *Paul Lewis Inc.*
(Address) *437 E. 11th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-22-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *12-20-36*, 19, to *12-22-36*, 19.I last saw him alive on *12-22-36*, 19. Death is said to have occurred on the date stated above, at *4* A. M.

The principal cause of death and related causes of importance were as follows:

*Pneumonia, type IV*Date of onset *12-14*

Other contributory causes of importance:

*Hypertensive heart disease**1926*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Abel S. Schwarz
Sinai Hospital

M. D.

DEC 22 1936

Thurston

F 30291 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30291

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St., *8-7* Ward)Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Essie Hardy*

(a) Residence: No. *1743 Elsworth St.* St., *8-7* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *82-6*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|------------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
|-------------------------|------------------------------------|---|

5a. If married, widowed, or divorced *HUSBAND*
(or) WIFE of *Samuel Hardy*6. DATE OF BIRTH (month, day, year) *November 15, 1888*

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <i>47</i> | <i>0</i> | <i>3</i> | |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i> | 11. Total time (years) spent in this occupation <i>40</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) *Greenbay*
(State or country) *Va.*13. NAME *Samuel Hardy*14. BIRTHPLACE (city or town) *Va.*
(State or country)15. MAIDEN NAME *Essie Eystand*16. BIRTHPLACE (city or town) *Va.*
(State or country)17. INFORMANT *Ella Pratt*
(Address) *1743 Elsworth St.*

18. BURIAL, CREMATION, OR REMOVAL

Ship to Greenbay, Va. Date *Dec 22, 1936*19. UNDERTAKER *Wm. H. Elliott - Daughters*
(Address) *1129 N. Caroline St.*20. FILED *DEC 22 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 18, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) obtained by said *Inquiry* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

*Hypertension*Was an operation performed? *No* Date ofFor what disease or injury? *=*

Name of operation Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Khenker*(Address) *1919 E. North Ave.*

Coroner

M. D.

30292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home & Inf.*

CITY OF BALTIMORE: (No. *6-5* St. *131* Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Emma R. Ettinger*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. *Route 3, Cambridge, Md.* St., *Ward.*

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Dr. Wm L. Ettinger*

6. DATE OF BIRTH (month, day, year) *Sept. 29/63*

7. AGE Years *73* Months *2* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *N.Y. City*

13. NAME *Jas. W. Earty*
14. BIRTHPLACE (city or town) (State or country) *Ireland*

15. MAIDEN NAME *Mary W. Earty*
16. BIRTHPLACE (city or town) (State or country) *Ireland*

17. INFORMANT *Wm L. Ettinger*
(Address) *181 W. 4th St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Calvary Cemetery* Date *Dec 22, 1936*

19. UNDERTAKER *Libby & Zieley Inc*
(Address) *4033 W. 4th St. Balt. Md.*

20. *DEC 22 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 22, 1936*

I HEREBY CERTIFY, That I attended deceased from *Dec 15, 1936* to *Dec 22, 1936*

I last saw him alive on *Dec 22, 1936*. Death is said to have occurred on the date stated above, at *1:24 a.m.*

The principal cause of death and related causes of importance were as follows:

*Pemphigus vulgaris
arteriosclerotic, cardiac vascular
renal disease*

Date of onset

Other contributory causes of importance:

Renemia

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *C.L.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed: *John A. Rogers* M. D.

(Address) *Church Home & Inf.*

30293

HEALTH DEPARTMENT—CITY OF BALTIMORE

30293

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Harlem Ave 16-5 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 16 mos. 16 ds. How long in U. S. If of foreign birth? yrs. 16 mos. 16 ds.

2. FULL NAME

Mary Ella SummersU. S. Veteran
specify WAR(a) Residence: No. 2408 Harlem Ave St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced

HUSBAND of Thomas B. Summers
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr. 14, 1854

7. AGE

Years 82Months 8Days 5If LESS than
1 day, hrs. 5
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)

FATHER

13. NAME Thomas H. Carter14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Caroline Cross16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mr. Paul Summers(Address) 2413 W. Rawvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bellevue Date Dec 22, 193619. UNDERTAKER Wm. Fickner Wood(Address) North x Pa. Ave.20. FILED Dec 22, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 19, 1936.I last saw her alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 1002a

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

3 days

Other contributory causes of importance:

Arteriosclerosis & Embolism

years.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) M. B. O'Connell

M. D.

(Address) 2200 Garrison Blvd.

30294

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30294

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Heights* St. *27-19* Ward *46-B*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *5720* *Amities Rd* St. *46-B* Ward *46-B*

(Usual place of abode)

U.S. Veteran
Specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or *Married* (write the word)5a. If married, widowed, or divorced
HUSBAND of *Ella Kemper*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 2 1866*7. AGE Years *70* Months *0* Days *19* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... *Builder*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc... *1016*
10. Date deceased last worked at this occupation (month and year) *1016*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*13. NAME *Henry Kemper*
14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Anna Heinrich*
16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mr Ella C. Kemper*
(Address) *5720 Amities Road*18. BURIAL, CREMATION, OR REMOVAL
Place *Trinity Rd* Date *Dec 23 1936*19. UNDERTAKER *Trinity Rd*
(Address) *North Avenue*20. FILED *EC 22 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/21 1936*22. I HEREBY CERTIFY, That I attended deceased from *12/14/36* 19 *12/21/36* 19I last saw him alive on *Dec 21 1936* Death is said to have occurred on the date stated above, at *9:05* m.

Principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

*Bronchial PNEUMONIA*Was an operation performed? *Yes* Date of *12/17/36*For what disease or injury? *Carcinoma*What test confirmed diagnosis? *Yes* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. Hardy Wall*(Address) *University Hospital*

F 30295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME James Farron

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 1727 W. North Ave. _____ St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, wife, or divorced HUSBAND or (or) WIFE of **Jane Farron**

6. DATE OF BIRTH (month, day, year) **1864**

7. AGE **72** Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labore for water separator**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **water separator**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **20**

12. BIRTHPLACE (city or town) **Ireland**
(State or country)

13. NAME **John Farron**

14. BIRTHPLACE (city or town) **Ireland**
(State or country)

15. MAIDEN NAME **Barbara**

16. BIRTHPLACE (city or town) **Ireland**
(State or country)

17. INFORMANT **B. C. H. Records**
(Address)

18. BURIAL, CREMATION, OR REMOVAL **Placed Holy Requiem** Date **Dec 1st** 19**36**

19. UNDERTAKER **John H. Hager**
(Address) **137 E. Eager St.**

20. FILED **22 1936**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **12-20**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **12-19**, 19**36** to **12-20**, 19**36**

I last saw him alive on **12-20**, 19**36** Death is said to have occurred on the date stated above, at **9 P.m.**

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) **24 hr**

Other contributory causes of importance:

Was an operation performed? **no** Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) **John H. Hager**

(Address) **Baltimore City Hospital**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2 Ward)
life

length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.
If U.S. Veteran

2. FULL NAME August Dagenhardt

(a) Residence: No. 109 N. Front St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/1856

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 80 | | 11 | 3 | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as a spinner, sawyer, bookkeeper, etc..... | unknown |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Balto.
(State or country)

| | | |
|----|----------|-----------|
| ER | 13. NAME | Augustine |
|----|----------|-----------|

14. BIRTHPLACE (city or town) Balto.
(State or country)

| | | |
|----|-----------------|-------------|
| ER | 13. MAIDEN NAME | Catherine ? |
|----|-----------------|-------------|

16. BIRTHPLACE (city or town) Balto.
(State or country)

| | |
|---------------|------------------|
| 17. INFORMANT | Hospital Records |
| (Address) | |

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Church Date Dec. 24 1938

19. UNDERTAKER *Henry Hopkins, Inc.*
(Address) *130 E. Essex St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1936

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from
12-14, 1936, to 12-21, 1936

I last saw h. 1 m alive on 12 - 21, 1956 Death is said to have occurred on the date stated above, at 7⁴⁵ P.m.

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows: Subarachnoid hemorrhage

Date of onset 12-10-26

Other contributory causes of importance:

Was an operation performed? ----- *No*

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? *W*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

lowing:
Accident, suicide, or homicide?

Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No. If no, specify

(Signed)

12/1/74

C 22 1936

F 30297

30297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10329

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? 1 yrs. 10 mos. 8 ds.

2. FULL NAME

Elbert RogersIf U.S. Veteran
specify WAR(a) Residence: No. 531 N. Gilmor St.
(Usual place of abode)St., 19-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-9-19177. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 3 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. C.13. NAME John

14. BIRTHPLACE (city or town) (State or country)

N. C.15. MAIDEN NAME Elva ?

16. BIRTHPLACE (city or town) (State or country)

N. C.

17. INFORMANT (Address)

B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 23, 1936

19. UNDERTAKER (Address)

Joseph A. Kirkby
418 N. Main St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-193622. I HEREBY CERTIFY That I attended deceased from 12-18-1936 to 12-18-1936I last saw him alive on 12-18-1936 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
13 days

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

noIf so, specify
(Signed) John J. Ramsey M. D.
(Address) Baltimore City Hospital

22 1936

F 30298

30298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *204 S Hilton* St., *20-7* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Victor Brown*(a) Residence: No. *204 S Hilton* St., *20-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Bertha K Brown*
(or WIFE of)6. DATE OF BIRTH (month, day, year) *Mar 13 - 1874*7. AGE Years *62* Months *9* Days *7* If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Letter Carrier*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Post Office*
10. Date deceased last worked at this occupation (month and year) *12-19-36* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Halvington* (State or country) *Del.*13. NAME *John Brown*14. BIRTHPLACE (city or town) *Halvington* (State or country) *Del.*15. MAIDEN NAME *Isabelle Johnson*16. BIRTHPLACE (city or town) *Halvington* (State or country) *Del.*17. INFORMANT *Mr Evelyn Scemer* (Address) *204 S Hilton St*18. BURIAL, CREMATION, OR REMOVAL *Interment* Date *Dec 23, 1936*19. UNDERTAKER *Franklin White* (Address) *814 24 36 St.*20. FILED *1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquest* find that said deceased came to death on the day stated above, *12-40 pm*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*Date of onset *12-20-36*

Other contributory causes of importance: —

Was an operation performed? Date of

For what disease or injury?

Name of operation *Paralysis* Date ofWhat test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Thos H Phillips*(Address) *1939 Edmond*

Coroner

M. D.

1936

30299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30299

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25-27 Burrish Ave. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 25-27 Burrish Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mrs. P. Compton

6. DATE OF BIRTH (month, day, year) Dec 5-1901

7. AGE 35 Years 16 Days 1 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) about 5 mo. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga. Compton

13. NAME Frederick M. Compton

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Emma F. Todd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mae P. Compton

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-36

22. I HEREBY CERTIFY That I attended deceased from July 20, 1936 to Dec 21, 1936

I last saw him alive on Dec 20, 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Streptococcus Wound Septicemia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation last physical findings

What test confirmed findings? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature) B. Silverman M. D.

(Address) 1401 Eutaw Place

C 22 1936

30300

Bertie J. Kinnersley HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30300

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - 2 Ward)Registered No. 53-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bertie
Miss Janet KinnersleyU.S. Veteran
specify WAR(a) Residence: No. 3301 St. PaulSt., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single (Write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July - 6 - 18727. AGE 64 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School job
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Mr. T. Kinnersley14. BIRTHPLACE (city or town) 37
(State or country)15. MAIDEN NAME Alabama Moore16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mr. J. Kinnersley
(Address) 2418 E. Wofford18. BURIAL, CREMATION, OR REMOVAL London Park Date 12-24 1919. UNDERTAKER Demetrius
(Address) 305 W. 1st St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22 193622. I HEREBY CERTIFY, That I attended deceased from 12/18 1936 to 12/22 1936I last saw her alive on 12/22 1936. Death is said to have occurred on the date stated above, at 8:25 AM

The principal cause of death and related causes of importance were as follows:

Brain tumor -
probably malignantDate of onset ?

Other contributory causes of importance:

Was an operation performed? yes Date of 12/19/36For what disease or injury? Brain tumorWhat test confirmed diagnosis? operation Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

Francis B. Duckey, M.D.
University Hospital

C 22 1936

30301

F 30301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Frankford Ave.)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 1. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary E. Abell*6. DATE OF BIRTH (month, day, year) *July 2-1854*7. AGE *81* Years *5* Months *18* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *right* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Widow* 10. Date deceased last worked at this occupation (month and year) *Nov 1936* 11. Total time (years) spent in this occupation *006*12. BIRTHPLACE (city or town) *St Mary Co Md* (State or country)13. NAME *W E Abell*14. BIRTHPLACE (city or town) *St Mary Co Md* (State or country)15. MAIDEN NAME *Mary E. Hayden*16. BIRTHPLACE (city or town) *St Mary Co Md* (State or country)17. INFORMANT *Mary L. Work* (Address) *4515 Frankford Ave*18. BURIAL, CREMATION, OR REMOVAL *Holly Wood* (Address) *2-20-36*19. UNDERTAKER *Leonard J. Grey* (Address) *5205 Laurel Rd*

22 1936

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-20-1936*22. I HEREBY CERTIFY, That I attended deceased from *May* 1936 to *Dec. 20* 1936I last saw him alive on *Dec 20* 1936. Death is said to have occurred on the date stated above, at *130* min.

The principal cause of death and related causes of importance were as follows:

*Ch. Myocarditis
Scurbous Liver Atrophy*

Date of onset

1935

Other contributory causes of importance:

*over*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *J S Harding* (Address) *4810 Belair Rd*

M. D.

30302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30302

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hosp.* St. *15-5* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ How long in U. S. If of foreign birth _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *3000 Reisterstown Road* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 9, 1858*7. AGE Years *78* Months *5* Days *12* If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year)
11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) *Balt. Md.*
(State or country)13. NAME *Samuel Siegel*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Hannah Hamburger*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mr. Henry Siegel*
(Address) *3000 Reisterstown Road*18. BURIAL, CREMATION, OR REMOVAL
Place *Balt. Hebrew G. Soc. 24, 1936*19. UNDERTAKER *David Vandellin*
(Address) *1902 Eutaw Place*20. FILLED *27 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/21, 1936*22. I HEREBY CERTIFY, That I attended deceased from
*12-20, 1936 to 12/21, 1936*I last saw him alive on *12/21, 1936* Death is said
to have occurred on the date stated above, at *5 p.m.*The principal cause of death and related causes of
importance were as follows:*my accident failure
Coronary thrombosis*

Date of onset

Oct. 1936

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. W. K. M. D.*(Address) *Sinai Hosp.*

303034

✓ F 30303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 17-7 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Macanley Dorsey(a) Residence: No. 651 W. Lafayette Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcilena6. DATE OF BIRTH (month, day, year) 10-5-757. AGE Years 61 Months 2 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flowers Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) ind (State or country)13. NAME Andrew14. BIRTHPLACE (city or town) ind (State or country)15. MAIDEN NAME Sidney Weedy16. BIRTHPLACE (city or town) ind (?) (State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Date 12/24/3619. UNDERTAKER Mrs. Frances A. Hemsley(Address) 578 W. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936 to Dec 21, 1936I last saw him alive on Dec 21, 1936. Death is said to have occurred on the date stated above, at 8:05 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of head of pancreas, arteriosclerosis,

Date of onset

Other contributory causes of importance:

uremia, ecidemia,Was an operation performed? yes Date of 12/5/36For what disease or injury? Carcinoma of head of pancreasWhat test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel S. Saffer

M. D.

(Address) to Johns Hopkins Hospital

DEC 22 1936

30304

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30304

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 17-3 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Daniels

If U.S. Veteran

specify WAR

W. W.

(a) Residence: No. 721 W. Lanvale St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Separated

3a. If married, widowed, or divorced HUSBAND of Lucile Joseph (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1900

7. AGE Years 36 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12-1-36 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) Mirano (State or country) Fla.

13. NAME Samuel Daniels

14. BIRTHPLACE (city or town) Mirano (State or country) Fla.

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) Mirano (State or country) Fla.

17. INFORMANT Records, U.S. Marine Hospital (Address) U.S. Marine Hospital, Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 12/23/1936

19. UNDERTAKER

(Address) Mrs. Frances A. Hemley 578 W. Biddle St.

20. FILED

DEC 22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1936

22. I HEREBY CERTIFY. That I attended deceased from December 17, 1936, to December 20, 1936.

I last saw him alive on December 20, 1936. Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac disease, valvular, aortic insufficiency 5 yrs.
Endocarditis, subacute, bacterial 5 yrs.

Other contributory causes of importance:

Pneumonia, lobular, bilateral Terminal

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. a. cura.

M. D.

(Address) U.S. Marine Hospital

F 30305

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30305

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Sun St. St. 25-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius O. Westbrook.(c)

If U. S. Veteran
specify WAR(a) Residence: No. 3209 Sun St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXXXXXX~~
HUSBAND of Hattie Westbrook.(c)
~~XXXXXXXXXX~~

6. DATE OF BIRTH (month, day, year) May 30, 1876

7. AGE Years 60 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgia
(State or country)

13. NAME Charles Westbrook.(v)

14. BIRTHPLACE (city or town) Georgia.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Hattie Westbrook.(c) wife.
(Address) 3209 Sun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 12/23/1936

19. UNDERTAKER Mr. Francis H. Hemmley
(Address) 578 W. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Reinhardt M. D.
(Address) 1017 S. Charles St.

FILED

EG 22 1936

Registered

30306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Adv. Cerebral Inf. Temporal bone of fracture

Other contributory causes of importance:

Adv. cerebral fracture skull

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in case mentioned above.

Manner of injury Name of doctor of surgery

Nature of injury

24. Was disease or injury in any way related to occupation or deceased?

If so, specify

(Signed) (Address)

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

12154th Ave

EO 22 1936

307.

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 30307

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Patomac St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 15 N. Patomac St., 6-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary M. Rettberg (or) WIFE of6. DATE OF BIRTH (month, day, year) August 11, 18687. AGE Years 68 Months 4 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box-maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Louis H. Rettberg14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Mary E. Potee16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Mrs. Mary M. Rettberg (Address) 15 N. Patomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 24, 193619. UNDERTAKER John A. Moran (Address) 8000 E. Baltimore St.20. FILE 22-1936 Stanton & Hickey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held as deputy thereon and from the evidence obtained by said deputy (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Coronary FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul M. Scherker Coroner(Address) 1919 E. North Ave.

30308

✓ E 30308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 S Brunswick Ward 10-6)Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth 22 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 538 S Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced Widowed5a. If married, widowed, or divorced
HUSBAND of Henry Boettinger
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 8 18627. AGE Years 74 Months 9 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) March 8 1862 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany
(State or country)FATHER 13. NAME George Schlichthorn
14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT George Boettinger
(Address) 538 S Brunswick18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Crem Date 12/23/3619. UNDERTAKER George A. Farley
(Address) 1810 N. T. Farley

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 193622. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Dec 19 1936I last saw him alive on Dec 18 1936 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism Date of onset 12/18/36Other contributory causes of importance
Arteriosclerosis
MyocarditisWas an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of 12/23/36
What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify(Signed) James H. Robinson, M.D.
(Address) 721 Medical Arts Bldg

30309

✓ E 30309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

The Johns Hopkins Hospital

St. 12-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds.

How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Baby White

(a) Residence: No.

11709 Latrobe

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Commissioner of Health

Per: H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10⁰⁰ P.M. Nov. 9, 1936, to 10³⁰ P.M. Nov. 9, 1936. I last saw him alive on 10³⁰ P.M. Nov. 9, 1936. Death is said to have occurred on the date stated above, at 10³⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Fetal Malformation - Clouded
disproportionate
Peratone of neck

Date of onset

Fetal

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph F. Sadock, Jr.

M. D.

The Johns Hopkins Hospital

22 1936

2842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30310

30310

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Ailsa Ave 27-3)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2901 Ailsa Ave St., Ward 3
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 107-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Sallie M. Brandel (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25-1861

7. AGE 74 Years 11 Months 25 Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country)

FATHER 13. NAME Philip Brandel

14. BIRTHPLACE (city or town) Balto. (State or country)

MOTHER 15. MAIDEN NAME Ida Hert

16. BIRTHPLACE (city or town) Balto. (State or country)

17. INFORMANT Sallie M. Brandel (Address) 2901 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Dec. 23

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Calvermont

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Dec 20 1936

I last saw him alive on Dec 20 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows: Broncho Pneumonia Date of onset Dec 16

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Louis Wright M. D.

(Address) 117 W. Saratoga St.

22 1936

Huntington

30317

HEALTH DEPARTMENT—CITY OF BALTIMORE

30311

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Mullikin St. Ward 5-1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward Geo. Hoskins6. DATE OF BIRTH (month, day, year) Jan. 14 - 18597. AGE 77 Years 11 Months 7 Days If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Martin Appel

14. BIRTHPLACE (city or town) (State or country)

Ger.

MOTHER

15. MAIDEN NAME

Mary

16. BIRTHPLACE (city or town) (State or country)

Ger.

17. INFORMANT

(Address)

Edw. Geo. Hoskins
1414 Mullikin St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto. Lem. Date 12/24/36

19. UNDERTAKER

(Address)

Philip Hernig Sons
2016 Orleans St.

22 1936

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1936, to Dec. 20th, 1936I last saw her alive on Dec. 20th, 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

1. arterio-sclerotic
cardio-vascular disease
& Hypertension
2. abdominal hernia

Other contributory causes of importance:

cerebral hemorrhage

Date of onset

Was an operation performed? No Date of _____For what disease or injury? -What test confirmed diagnosis? -Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Marcel J. Trip

M. D.

1212 24th St.

30312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6703 Felt Ave.

St. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Konstance Kozycki (Ruth)

If U.S. Veteran specify WAR

(a) Residence: No. 6703 Felt Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kozycki

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60 1/2

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Christian

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Kozycki (Address) 6703 Felt Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 23, 1936

19. UNDERTAKER Fred W. Ozazenski (Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1936

I HEREBY CERTIFY, That I attended deceased from 10:35 to 11:20, 1936. I last saw her alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Myocarditis
Date of onset 12/14/36

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Do

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. P. Sikorsky M. D.
(Address) 2439 The Elmhurst

22 1936

✓ E 30313

30313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lowe Memorial Church.

CITY OF BALTIMORE: (No. William & Clement Sts. 24 Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME George E. Hiss.

(a) Residence: No. 1470 William St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 65 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME George H. Hiss.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Catherine Weber.

16. BIRTHPLACE (city or town) Baltimore, Md (State or country)

17. INFORMANT Mrs. August Kach. (sister) (Address) 1470 William St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. St. Vincent Date 12/21/36 19

19. UNDERTAKER J. F. Taylor & Son (Address) 1700 E. Fort Ave

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry

that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

12/21/36 1017 S. Charles St. M. D. Carner

30314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30314

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 W. Balt. St., Ward 11-a)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Serena E. Grierson

If U.S. Veteran
specify WAR

(a) Residence: No. 2127 W. Balt. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John W. Grierson (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1864

7. AGE 72 Years 7 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME James Cochran

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eva E. Treck

(Address) 2127 W. Balt. St.

18. BURIAL, CREMATION, OR REMOVAL

Interment Calvert Co. Md. Date 12/20/36

19. UNDERTAKER Leonard J. York

(Address) 3705 Thompson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/36

22. I HEREBY CERTIFY, That I attended deceased from 12/8/36 to 12/20/36

I last saw her alive on 12/20/36 Death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Was an operation performed? none Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D. 3045 W. North Ave

1936

✓ F. 30315

F. 30315 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Covington St. 4th fl.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Otto Braun

6. DATE OF BIRTH (month, day, year)

Aug 27, 1882

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

54

3

24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Michael Schütz

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Matilda Schuster

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Otto Braun
1513 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Western Bur. Date Dec 24, 1936

19. UNDERTAKER

(Address)

A. B. Boudry & Sons
1425-22 S. Charles St.

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

January 15, 1931, to Dec 21, 1936

Last saw him alive on Dec 20, 1936 Death is said

to have occurred on the date stated above, at 2:51 P.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma of the
pelvis (bony)

Date of onset

Dec 25

Other contributory causes of importance:

General cachexia
& inanition

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

clinical + lab

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature)

J. H. Baranco

M. D.

(Address)

436 E Fort Ave

30316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St Agnes Hospital* (Da) 210-M
 CITY OF BALTIMORE: (No. *30* - Ward *4*)
 Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
 2. FULL NAME *Mary T. Perina*
 (a) Residence: No. *1436 Federal Ave* St. *4* Ward. *4*
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 U. S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Charles Perina</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Dec 20 - 1876</i> | | |
| 7. AGE <i>65</i> Years <i>66</i> Months <i>11</i> Days <i>29</i> I day, <i>0</i> hrs. or min. | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i> | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 11. Total time (years) spent in this occupation |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) <i>Hungary</i> (State or country) | | |
| 13. NAME <i>Unknown</i> | | |
| 14. BIRTHPLACE (city or town) <i>Hungary</i> (State or country) | | |
| 15. MAIDEN NAME <i>Unknown</i> | | |
| 16. BIRTHPLACE (city or town) <i>Hungary</i> (State or country) | | |
| 17. INFORMANT <i>James E. Patrick</i> (Address) <i>1436 Federal Ave</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>St Agnes Church</i> Date <i>Dec 23, 1936</i> | | |
| 19. UNDERTAKER <i>J. B. Shippert & Son</i> (Address) <i>1300 Eastview Place</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/19*, 19*36*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* therein and from the evidence obtained by said *Inquest, Autopsy or Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Probable fire struck
Fire by

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accidents, suicide, or homicide *Accident* Date of injury *12/19*, 19*36*
 Where did injury occur? *In front 2375 Federal Road*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place *Street*
 Manner of injury *Struck by auto truck while crossing street*
 Nature of injury *Skull*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *Auto*
Hubert G. Gable M. D.
 (Address) *407 N C Chase St*

22 1936

F 30317

30317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Swindell Bros. Glass Works.

CITY OF BALTIMORE: (No. _____)

Bayard & Russell Sts. St. 9-2 Ward

Length of residence in city or town where death occurred 65 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Groscup.

(a) Residence: No. _____

1712 Lakeside Ave. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Vet. No Record specify WA

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, HUSBAND of

XXXXXX

Mary L. Groscup.

6. DATE OF BIRTH (month, day, year)

December 18, 1871

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

0

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Swindell Bros.

10. Date deceased last worked at this occupation (month and year)

12/21/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER MOTHER

13. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Mary L. Groscup. (wife)

(Address) 1712 Lakeside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Green Mount

Date

Dec 24 1936

19. UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

inquiry find that said deceased came

his death on the day stated above. The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

12/21/36

(Address)

1017 S. Charles St.

Coroner

M. D.

C 23 1936

30318

F 30318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 530

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 W. North Ave 5-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary A. JacksonIf U. S. Veteran No Record
specify WAR

(a) Residence: No.

2643 W. North Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND (or) WIFE of Andrew Jackson6. DATE OF BIRTH (month, day, year) Nov 16th 18517. AGE Years 85 Months 1 Days 4 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) MdFATHER 13. NAME William Furst14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Andrew Jackson (Address) 2643 W. North Ave18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec 23rd 193619. UNDERTAKER Wm Cook (Address) 1217 St Paul st20. FILED Huntington Library

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 193622. I HEREBY CERTIFY That I attended deceased from Nov 10th, 1936 to Dec 20th, 1936I last saw him alive on Dec 19th, 1936 Death is said to have occurred on the date stated above, at 8⁰⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Senility

Date of onset

11/10/36

Other contributory causes of importance:

Left Kidney -
Type unknownownWas an operation performed? No Date ofFor what disease or injury? ✓Name of operation Physician's diagnosis Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1936Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifyDr. J. B. Hirschman M. D.(Address) 1901 Eutaw St

EC 23 1936

30319

HEALTH DEPARTMENT—CITY OF BALTIMORE

30319

CERTIFICATE OF DEATH

✓ 45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Lancaster St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Williams

If U.S. Veteran

specify WAR

No Record

(a) Residence: No.

1717 Lancaster

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Mary Williams6. DATE OF BIRTH (month, day, year) Jan 29th 18777. AGE Years 61 Months 10 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northern Packing Co. 10. Date deceased last worked this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME John H. Williams14. BIRTHPLACE (city or town) Rhode Island (State or country)15. MAIDEN NAME Martha Hines16. BIRTHPLACE (city or town) Balto (State or country) MD17. INFORMANT Mary Williams (Address) 1717 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Carmel Date Dec 24th 193619. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

20. FILED

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 193622. I HEREBY CERTIFY That May attended deceased from Dec 21 to Dec 22 1936I last saw him alive on Dec 21 1936 Death is said to have occurred on the date stated above, 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebrum of rt. lower lip with extensive of contiguous tissues. Date of onset 8 mo agoOther contributory causes of importance: Ischeal obstruction 1 wk.Was an operation performed? No Date of No

For what disease or injury?

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Cook M. D.(Address) 1217 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30320

CERTIFICATE OF DEATH

30320

1. PLACE OF DEATH

Church Home & Inf.

Registered No.

CITY OF BALTIMORE: (No. -

St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John D. Kasper

If U.S. Veteran

specify WAR

(a) Residence: No.

3711 Hudson St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kufnagel

6. DATE OF BIRTH (month, day, year) Feb. 5-1887

7. AGE Years 49 Months 10 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Mrs Kasper

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elizabeth Klein

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Mary Kasper

(Address) 3711 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL Place Not Cremel Date 12/26/36

19. UNDERTAKER Mrs. S. Connolly

(Address) Essex Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec. 15, 1936, to Dec 21, 1936

I last saw him alive on Dec 21, 1936. Death is said to have occurred on the date stated above, at 8:15 pm.

The principal cause of death and related causes of importance were as follows:

Typhoid fever.
Intestinal perforation.
Generalized peritonitis.

Date of onset
Nov 20

Other contributory causes of importance:

Cardiac failure.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Culture. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

John A. Myers, M. D.
Church Home & Inf.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

C 23 1936

30321

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30321

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1431 Laurens

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

1918.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____

FATHER

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____

19. UNDERTAKER _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence obtained by said _____ and that said deceased came to death on the day stated above. _____
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner _____

M. D. _____

20. FILED _____

DEC 23 1936

F 30322

F 30322

HEALTH DEPARTMENT—CITY OF BALTIMORE 16646

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

10

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jackson

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran

Specify WAR

(a) Residence: No. 1427 Argyle Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|---|
| 3. SEX <u>male</u> | 4. Color or Race <u>colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>married</u> |
|-----------------------|------------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha6. DATE OF BIRTH (month, day, year) May 6, 1905

| | | | | |
|-----------|-------|----------|-----------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>31</u> | | <u>7</u> | <u>16</u> | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. ?10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) S. C.13. NAME Owen14. BIRTHPLACE (city or town)
(State or country) ?15. MAIDEN NAME Florence Johnson16. BIRTHPLACE (city or town)
(State or country) S. C.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date 12-23-193619. UNDERTAKER Geo. Hayslaun
(Address) 1336 Argyle Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-193622. I HEREBY CERTIFY, That I attended deceased from
8-24-1936 to 12-22-1936I last saw him alive on 12-22-1936 Death is said
to have occurred on the date stated above, at 11:35 A.The principal cause of death and related causes of
importance are as follows:Tuberculosis of
vertebra
Pulmonary tuberculosis?Date of onset
May 1936

Other contributory causes of importance:

Anomalous6 moWas an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) N. C. Hoaguel(Address) Balt. City Hosp.

EC 23 1936

19338

HEALTH DEPARTMENT—CITY OF BALTIMORE 30323

CERTIFICATE OF DEATH

30323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

Mary Merchant(a) Residence: No. 1324 W. Holland St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Samuel (Deceased)
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

10-19-18797. AGE 59 Years 2 Months 3 Days If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Richard Scheckels14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Elizabeth16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 12/26 193619. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollin St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22 193622. I HEREBY CERTIFY, That I attended deceased from 12-8 1936 to 12-22 1936I last saw him alive on 12-22 1936 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

12-23-36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John L. Ramsey M. D.
Baltimore City Hospital

EC 23 1936

30324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30324

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Clairmount St. 76-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Katherine Billing

(a) Residence: No. 3508 Clairmount St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of George Billing (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6/1867

7. AGE Years 69 Months 10 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Portzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Billing (Doughter) (Address) 3508 Clairmount St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec. 24, 1936

19. UNDERTAKER Lilly & Zailer Inc. (Address) 403 N. Wolfe St.

DEC 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21/1936

22. I HEREBY CERTIFY. That I attended deceased from June 1, 1936, to Dec 21, 1936.

I last saw him alive on Dec 21, 1936. Death is said to have occurred on the date stated above, at 6/45 AM

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray & Refutation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signs)

(Address)

301 S Ellwood Ave
Baltimore

M. D.

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 111 S. Carey St. St., 18-)

2-FULL NAME

Wayne A. Olson

(a) RESIDENCE NO.

111 S. Carey St.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. (If non-rive city or town and State) How long if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9-1936

7 AGE Years 0 Months 9 Days 13 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

None

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER

Carlyle M. Olson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

South Dakota

12 MAIDEN NAME OF MOTHER

Mary Costellos

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Greece

14

Informant (Address)

M. Carlyle M. Olson
111 S. Carey St.

Registrar

CERTIFICATE OF DEATH

16 DATE OF DEATH, day, and year) 12/22 1936

17 BY CERTIFY, That I took charge of the remains described and an (Inquest, autopsy or inquiry.)

thereon and from are obtained by said (Inquest, au-

topsy or inquiry) that said deceased came to death

on the day stated

The CAUSE OF DEATH as follows:

Labar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was dissected If not at place

Did an operation precede? Yes Date of

Was there an autopsy

What test confirmed

(Signed) J. Phillips M. D.

Dec 22 1936 1239 E. Madison Ave

*State the Disease, Death, or in deaths from Violent Causes, of Injury, and (2) whether Accidental reverse side for additional space.)

19 PLACE OF BURIAL OR RE-MOVAL

mt Olm

DATE OF BURIAL

12/24 1936

ADDRESS

20 UNDERTAKER

John J. & Son 901 Hollis St

Important. See instructions on back of certificate.

DEC 23 1936

F 30326

Senior HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30326

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 3 yrs. 1 mos. 1 ds. If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. Citrusville, Maryland St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|------------------------------------|--|
| 3. SEX <u>Male</u> | 4. Color or Race <u>Colored</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year)
June 15, 1989

| | | | | |
|-----------|-----------|----------|----------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>47</u> | <u>49</u> | <u>6</u> | <u>5</u> | <u>—</u> |

| | | |
|---|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> | 11. Total time (years) spent in this occupation <u>10</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u> | |
| 10. Date deceased last worked at this occupation (month and year) <u>—</u> | | |

12. BIRTHPLACE (city or town) Cykesville, Md.
(State or country)

| | |
|--------|--|
| FATHER | 13. NAME <u>Water Hill</u> |
| | 14. BIRTHPLACE (city or town) <u>Cykesville, Md.</u> (State or country) |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME <u>Fanny Hackett</u> |
| | 16. BIRTHPLACE (city or town) <u>Cykesville, Md.</u> (State or country) |

17. INFORMANT Columbus J. Hill
(Address) 518 N. Glenn St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Luke's Church Date 12/23/3419. UNDERTAKER Charles H. Naumburg
(Address) 1536 N. ...

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereof and from the evidence obtained by said inquest, Autopsy or Inquiry

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable fractured Skull

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? — Date of —Name of operation — Was there an autopsy? —What test confirmed diagnosis? —23. If death was due to external causes (violence) fill in also the following: —Accident, suicide, or homicide? — Date of injury 12-20, 1936Where did injury occur? Highway near Catonsville Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HighwayManner of injury While working alongNature of injury Probably auto24. Was disease or injury in any way related to occupation of deceased? —(Signed) 907 N. Charles M. D.(Address) Catonsville Md.

F 30327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30327

CERTIFICATE OF DEATH

111-13

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *1357 N Carey* ST. *15* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME *Baby Holmes*(a) RESIDENCE NO. *1357 N Carey* ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

Col

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) *Dec 16 1936*

7 AGE

Years

Months

Days

5 4

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Balto*10 NAME OF FATHER *Joseph Fawkes*11 BIRTHPLACE OF FATHER (city or town) (State or country) *Essex*12 MAIDEN NAME OF MOTHER *Vernon Holmes*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Essex*

14

Informant *Mother*(Address) *1357 N Carey*

DEC 23 1936

28-14

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec. 21 1936*

17

I HEREBY CERTIFY That I attended deceased from *Dec 16 1936* to *Dec 20 1936*that I last saw him alive on *Dec 20 1936*and that death occurred, on the date stated above, at *4:30 A* m.

The CAUSE OF DEATH* was as follows:

Congestion Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? *yes*Did an operation precede death? *no* Date of

Was there an autopsy?

What test confirmed diagnosis? *chest test*(Signed) *Luther P. Fulk*

M. D.

, 19

(Address) *1409 Edmondson Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

University Med School Dec 23 1936

ADDRESS

Commissioner of Health

Per W. A. Moore

F 30328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30328

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 N Carey ST., 15 WARD)2—FULL NAME Baby Holmes(a) RESIDENCE NO. 1357 N Carey ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Dec. 16, 19367 AGE Years Months Days 5 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Joseph F. Fowler11 BIRTHPLACE OF FATHER (city or town) (State or country) Va12 MAIDEN NAME OF MOTHER Venor Holmes13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14

Informant Mother(Address) 1357 N Carey

15

DEC 23 1936

2843

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1936

17

I HEREBY CERTIFY That I attended deceased from Dec 16, 1936, to Dec 21, 1936.that I last saw him alive on Dec 21, 1936.and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Constitutional Glands(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted yes
if not at place of death?Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? autopsy(Signed) Arthur G. Felt, M. D., 19 (Address) 207 Edmond St. N.W.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

University Med. School Dec. 23, 1936

ADDRESS

Commissioner of Health

Per H. A. Moore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30329

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hyphis Hyphis* St. *16-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Charles T. Banks*(a) Residence: No. *1326 W. Lanes St.*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie Banks*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *59* Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Salem Va.*FATHER 13. NAME *Stewart Banks*14. BIRTHPLACE (city or town) (State or country) *Salem Va.*

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Salem Va.*17. INFORMANT *Gladys Banks* (Address) *1326 W. Lanes St.*18. BURIAL, CREMATION, OR REMOVAL Place *Arboretum Memorial* Date *Dec 23, 1936*19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *322 N. Schermer St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 20*, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

*Cardiac failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker*(Address) *1909 E. North Ave.* Coroner

M. D.

30330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30330

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1144 - Myrtle ave* *7-3* Ward)Registered No. *107-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *82* yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.2. FULL NAME *Katie Means*(a) Residence: No. *1144 - Myrtle ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced *HUSBAND of* (or) WIFE of *Thomas W. Means*6. DATE OF BIRTH (month, day, year) *1862*7. AGE Years *74* Months *—* Days *—* If LESS than 1 day, — hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Pineville* (State or country) *N. C.*FATHER 13. NAME *Thomas Baker*14. BIRTHPLACE (city or town) *Pineville* (State or country) *N. C.*MOTHER 15. MAIDEN NAME *no. known*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Thomas W. Means Jr.* (Address) *831 - Edmondson ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion* Date *Dec 24, 36*19. UNDERLYING *no Katie R. Williams* (Address) *22 x Sherman St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12.21.36*22. I HEREBY CERTIFY, That I attended deceased from *November 23, 1936* to *December 21, 1936*I last saw h. or alive on *December 20, 1936* Death is said to have occurred on the date stated above, at *11 a.* m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
acute Bronchitis

Date of onset

*12.21.36**11.23.36*

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? *Ex. Exam* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

James M. Fair M. D.
*865 W. Lexington*61-82-330
DEC 23 1936

30331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Oliver St., 23-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1024 Oliver St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|-------------------------|--|
| 3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|----------------|-------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------------|-------|--------|------|--|
| 7. AGE 65 | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------------|-------|--------|------|--|

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un known | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/36

22. I HEREBY CERTIFY, That I attended deceased from

see 10 Dec 21, 1936 Death is said

I last saw him live on Dec 21, 1936

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Carroll M. D.

(Address) 109 W. Hill St.

C 23 1936

F 30332 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-5 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Cochran, Baby Girl

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 908 Gorsuch St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) New Born

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/21/36 6:30 PM

7. AGE Years Months Days If LESS than 1 day,..... hrs. or min. 45 minutes

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Robert Nealson

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Catherine Cochran

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Body retained 12-22-36

19. UNDERTAKER By hospital (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21-, 1936 to 12-21, 1936

I last saw him alive on 12-21, 1936 Death is said to have occurred on the date stated above, at 7¹⁵ p.

The principal cause of death and related causes of importance were as follows:

premature 5 mo Date of onset

Other contributory causes of importance:

Was an operation performed?..... Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Hooper M. D.

(Address) Balt. City Hosp

C 23 1936

30333

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30333 19659

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-5 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U.S. Veteran
specify WAR2. FULL NAME Cochran, Baby Boy(a) Residence: No. 908 Gorsuch St.St. 9-5 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) New born5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12/21/36 6:30 PM7. AGE Years Months Days If LESS than 1 day, hrs. or min.
45 minutes

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Robert Nealson14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Catherine Cochran16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Body retained Date 12-22 193619. UNDERTAKER by hospital
(Address)

20. FILED

DEC 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 193622. I HEREBY CERTIFY, That I attended deceased from 12-21 1936 to 12-21 1936I last saw him alive on 12-21 1936 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

premature

Date of onset

5 mo

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? by

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Balt. City Hosp

30334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30334

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3049 Guilford Ave*)Length of residence in city or town where death occurred *10 yrs.* mos. *2* ds. How long in U. S. If of foreign birth? *17 yrs.* mos. *2* ds.

2. FULL NAME

(a) Residence: No. *3049 Guilford Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify War

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 1. Color or Race *White* 5. ~~Single~~ Married, widowed, divorced (write the word) *Married*5a. If married, HUSBAND of *Carlotta U. Rhein*6. DATE OF BIRTH (month, day, year) *May 30th 1873*
7. AGE Years *63* Months *6* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Finisher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hardwood*
10. Date deceased last worked this occupation (month and year) *July 1936* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Balto Md*
(State or country)13. NAME *John A Rhein*14. BIRTHPLACE (city or town) *Unk*
(State or country)15. MAIDEN NAME *Unk*16. BIRTHPLACE (city or town) *Unk*
(State or country)17. INFORMANT *Mrs Carlotta U Rhein*
(Address) *3049 Guilford Ave*18. BURIAL, CREMATION, OR REMOVAL *London Park*
Place *Dec 24th 1936*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

20. FILED

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 21st 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 21* 1936 to *Dec 21* 1936I last saw him alive on *Dec 21* 1936 Death is said to have occurred on the date stated above, at *4th* m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance:

Valvular Disease, Arteriosclerosis, Myocarditis.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Alvin B. Purnan* M. D.(Address) *718 N. Pittman Rd*

30335

F 30335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 W. Cross St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Johanna M. Wagner

If U. S. Veteran
specify WAR

(a) Residence: No. 502 W. Cross St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wagner

6. DATE OF BIRTH (month, day, year) Nov. 7, 1870

7. AGE Years 66 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Edward Schwartz
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charles Wagner (Address) 1016 W. Cross

18. BURIAL, CREMATION, OR REMOVAL Place Adas Hill Date Dec. 23, 1936

19. UNDERTAKER Fred A. Hays & Son (Address) 1216 W. Charles St.

20. FILLER Huntington Hays, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1936 to December 21, 1936

I last saw her alive on December 21, 1936. Death is said to have occurred on the date stated above, at 10³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Myocardial infarct

Other contributory causes of importance:

Generalized arteriosclerosis

Date of onset

Dec 3, 1936

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Albert J. Glass

M. D.

(Address)

876 Washington Blvd.

23 1936

2

30336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30336

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital 23-2 St. Baltimore, Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. E ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Harry A. Kelly

(a) Residence: No. 17 Poultny St. - Balto., Md. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary Posse Kelly (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 1884

7. AGE Years 52 Months 3 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) Cork (State or country) Ireland

15. MAIDEN NAME Catharine Barret

16. BIRTHPLACE (city or town) Limerick (State or country) Ireland

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY-CROSS CEM. Date DEC. 24, 1936

19. UNDERTAKER Elizabeth Harle Sue. (Address) 115 E. Street St.

DEC 23 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1936, to December 22, 1936

I last saw him alive on December 22, 1936. Death is said to have occurred on the date stated above, at 2:57 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar

Date of onset 5 days

Other contributory causes of importance:

Nephritis, interstitial, chronic

Unknown

Myocarditis, chronic

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. a. d. M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

30337

19423

F. 30337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 722 S. Wolfe St.
(Usual place of abode)St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18597. AGE 77 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME ?
14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 24, 193619. UNDERTAKER George A. Weber
(Address) 700 S. ...20. FILED
23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 193622. I HEREBY CERTIFY, That I attended deceased from 12-11, 1936, to 12-22, 1936I last saw him alive on 12-22, 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)Date of onset
Several days

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John F. Rainey
Baltimore City Hospital M. D.

30338

✓ F 30338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *17-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *19* yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.2. FULL NAME *Lessie M. Wagstaff*

If U. S. Veteran

specify WAR _____

(a) Residence: No. *1707 Brentwood Ave.* St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *1904*7. AGE Years *32* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *807*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Roxbury*
(State or country) *N.C.*13. NAME *Ruben*14. BIRTHPLACE (city or town) *N.C.*
(State or country)15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) *N.C.*
(State or country)17. INFORMANT *Connie Carver*
(Address) *1707 Brentwood Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Roxford H.C.* Date *Dec 25, 1936*19. UNDERTAKER *Robert J. Williams*
(Address) *1515 N. E. 1st St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 17, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bullet wound of head.

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chin* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *suicide* Date of injury *12/17, 1936*Where did injury occur? *1716 Brentwood Ave. Balt., Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Shot in head with a pistol*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Paul R. Hensley* Coroner

M. D.

(Address) *1914 E. North Ave.*

23 1936

30339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30339

CERTIFICATE OF DEATH

34a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 1527 Malbury St.

(Usual place of abode)

St.,

Ward.

If U.S. Veteran

specify WAR.....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) -5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -6. DATE OF BIRTH (month, day, year) December 7, 19367. AGE Years Months Days If LESS than 1 day, hrs. or min.
- - - 10OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -12. BIRTHPLACE (city or town) University Hospital
(State or country) Baltimore MarylandFATHER 13. NAME Grant Vachey14. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandMOTHER 15. MAIDEN NAME Catherine Vachey16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Catherine Vachey
(Address) 1527 Malbury St. Baltimore18. BURIAL, CREMATION, OR REMOVAL
University Med Sch Dec 23, 1936
Commissioner of Health19. UNDERTAKER
(Address) Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 193622. I HEREBY CERTIFY. That I attended deceased from
December 7, 1936 to December 17, 1936I last saw her alive on December 17, 1936 Death is said
to have occurred on the date stated above, at 11:30 P. m.The principal cause of death and related causes of
importance were as follows:Asphyxia by Aspiration
of mucus

Date of onset

12/17/36

Other contributory causes of importance:

Congenital SyphilisWas an operation performed? No Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Cervical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Joseph E. Bush(Address) University Hospital

M. D.

23 1936

2845 H

30340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *University Hospital* St. *4-2* WardRegistered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. / mos. / ds. How long in U. S. If of foreign birth? yrs. / mos. / ds.

2. FULL NAME

(a) Residence: No. *Odenton, Md.* St. *4-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 19, 1916*7. AGE Years Months Days If LESS than 1 day. hrs. or min. *1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Lucy L. Young*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Rosa L. Young*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

University Med Sch Dec 23, 1936

19. UNDERTAKER

23 1936

Commissioner of Health

Per H. A. Moore

Huntington Library

2846 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 20, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*Dec 19, 1936, to Dec 20, 1936*I last saw him alive on *Dec 20, 1936* Death is saidto have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance were as follows:

*Pneumonia
30 months
ret. 20th day*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Charles F. Goodhead* M. D.(Address) *University Hospital, City*

30342

✓ E 30342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. / ds.

2. FULL NAME Joseph Bernard Cole

(a) Residence: No. North Wind Ave. Cub Hill, Md.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida V. Cole

6. DATE OF BIRTH (month, day, year) Jan. 15, 1886

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 50 | 11 | 7 | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Produce Dealer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | Nov. 15, 1936 |
| | 11. Total time (years) spent in this occupation | 14 |

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME James N. Cole

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MAIDEN NAME Eliza L. Hopkins

16. BIRTHPLACE (city or town) A.A. County
(State or country) Md.17. INFORMANT Mrs. Ida V. Cole
(Address) North Wind Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Cem. Date Dec. 26, 193619. UNDERTAKER Frederick L. Lashley
(Address) 7401 Belair Road

23 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerotic disease
Cardiac Decompensation

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

30344

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30344

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Chelsea Terrace St. 15-4 Ward) 92a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U.S. Veteran specify WAR

2. FULL NAME

Marie C. Black(a) Residence: No. 2124 Chelsea Terrace St. ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Black6. DATE OF BIRTH (month, day, year) February 24, 18777. AGE Years 59 Months 9 Days 28 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) Long Prairie (State or country) Minn.13. NAME Charles Voight14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Mary Tice16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mr. Henry R. Black (Address) 2124 Chelsea Terrace18. BURIAL, CREMATION, OR REMOVAL Place Louisa Park, Dec 24, 193619. UNDERTAKER Joseph B. Cook (Address) 1003 N. Baltimore St.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 193622. I HEREBY CERTIFY That I attended deceased from May - 15 - 36 to Dec - 22 - 36I last saw her alive on Dec - 22, 1936 Death is said to have occurred on the date stated above, at 8:35 AM.

The principal cause of death and related causes of importance were as follows:

Organic Heart
Ischemic - Mitral
Regurgitation
Other contributory causes of importance:
Hypertrophy of Liver
+ Ascites

Date of onset

1920May 36Was an operation performed? no Date of ... over

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Marlin W. Shook, M. D.(Address) 806 N. Fulton Ave.

F 30346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 W. Baltimore St. 20-3 Ward)Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If death occurred in a hospital or institution, give its NAME instead of street and number.
If U. S. Veteran specify WAR

2. FULL NAME

William C. Ulbrich
(a) Residence: No. 2029 W. Baltimore St., 20-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Ella Ulbrich (or) WIFE of Mar 17 18896. DATE OF BIRTH (month, day, year) Dec 22 18967. AGE Years 47 Months 9 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003810. Date deceased last worked at this occupation (month and year) 3112. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME William C. Ulbrich14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Louise Schlosser16. BIRTHPLACE (city or town) Baltimore (State or country) md.17. INFORMANT John F. Ulbrich (Address) 7 - N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec. 26 193619. UNDERTAKER George L. Schuch (Address) 2101

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above, 1060 P.M.
(Inquest, Autopsy, Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 1900-1901 Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Thos. H. Phillips M. D.

(Address)

23 1936

F 30347 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30347

CERTIFICATE OF DEATH

1. PLACE OF DEATH *University Hospital*

Registered No. *17*

CITY OF BALTIMORE: (No. *Redeemed + Queen St.* *27-18* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Anna E. Zito*

If U.S. Veteran specify WAR

(a) Residence: No. *3532 Lucille Ave.* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Vincent Zito Jr.*

6. DATE OF BIRTH (month, day, year) *Dec. 22-1898*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *38* *1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *Joseph Nuth*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Jane Potts*

16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

17. INFORMANT *Vincent Zito Jr.* (Address) *3532 Lucille Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *St Charles* Date *12/27* 193*3*

19. UNDERTAKER *Frank H. Newell* (Address) *Pikesville Md.*

20. FILED *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 23, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 21, 1936* to *Dec. 23, 1936*

I last saw him alive on *Dec. 23, 1936*. Death is said to have occurred on the date stated above, at *7:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Encephalitis lethargica *acute*

Other contributory causes of importance:

Hypertension *chronic nephritis*

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *J. Warren Albritton* M. D.

(Address) *University Hospital*

24 1936

30348

✓ F 30348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Windsor ave. 15-7 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 58 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William L. Scott

If U. S. Veteran

specify WAR

(a) Residence: No. 3308 Windsor ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Moore Scott

C. DATE OF BIRTH (month, day, year) April 25/78

7. AGE 58 Years 7 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Wm. R. Scott

14. BIRTHPLACE (city or town) (State or country) La.

15. MAIDEN NAME Emma J. Lantz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wm. L. Scott (Address) 3308 Windsor ave.

18. BURIAL, CREMATION, OR REMOVAL Union Chapel Cem. Hartford, Md Date Dec. 26 1936

19. UNDERTAKER Margaret L. Flynn (Address) 1422 Regent St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 to December 23 1936

I last saw him alive on Dec 22 1936 Death is said to have occurred on the date stated above, at 230 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertrophoma

Date of onset

March 1936

Other contributory causes of importance:

Myopharyngeal constriction

Sept 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical examination Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signature) Mary Cauder M. D.

(Address) 2430 Mary Cauder

C 24 1936

F 30349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Spaulding Ave Ward 131)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Caroline Blaney

U.S. Veteran _____

specify WAR _____

(a) Residence: No. 3710 Spaulding Ave

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of _____

James J. Blaney

6. DATE OF BIRTH (month, day, year) March 2, 1850

7. AGE Years 86 Months 9 Days 0 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Howard Co Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Chas Collins
(Address) 3710 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 24, 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936 to Dec 22, 1936

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis, Feb 1932
Endocarditis Dec 20 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A E Plumb M. D.

(Address) 1734 St Paul St

24 1936

30350 HEALTH DEPARTMENT—CITY OF BALTIMORE 30350

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Harford Rd St., 9 Ward)

Length of residence in city or town where death occurred 65 yrs., 0 mos., 0 ds. How long in U. S. If of foreign birth? 0 yrs., 0 mos., 0 ds.

2. FULL NAME

Maggie Harrison

If U.S. Veteran specify War No Record

(a) Residence: No. 1721 Harford St., 9 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color White 3. Single, Married, Widowed, or Divorced Widowed

4a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE Frank B.

6. DATE OF BIRTH (month, day, year) Feb 10, 1853

7. AGE Years 83 Months 10 Days 13 If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) 12/22/36 11. Total time (years) spent in this occupation 50 1/2

12. BIRTHPLACE (city or town, State or country) Martinsburg W Va

13. NAME Mrs Daniel

14. BIRTHPLACE (city or town, State or country) Martinsburg W Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town, State or country) unknown

17. INFORMANT Edw P. Shannon
(Address) 1721 Harford Rd

18. BURIAL OR REMOVAL Place Louisa Park Date 12/26/36

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 1936 RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 27, 1936 to Dec 23, 1936

I last saw him alive on Dec 22, 1936. Death is said to have occurred on the date stated above, at 00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 1935

Other contributory causes of importance:

Was an operation performed? No Date of 00

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 00, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Amel Wolfe M. D.

(Address) 1331 E. North Ave

F. 30351

F. 30351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Francis St. Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced: HUSBAND of Archie Smith (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1910

7. AGE Years 26 Months 4 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Charles Turner

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Randall

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Archie Smith

18. BURIAL, CREMATION, OR DISPOSAL Howard Co. Place 12/26/36 Date Md. 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Drexelman St.

20. FILED 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 7, 1936 to Dec. 22, 1936

I last saw him alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 1:45 PM

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Heath E. Haynes

F 30352

✓ F 30352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti City Hos. 15-1 St. 174 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lloyd A. ButlerIf U. S. Veteran
specify WAR(a) Residence: No. 133 N. Calhoun St., Ward.

(Usual place of abode)

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X6. DATE OF BIRTH (month, day, year) Oct 23 19027. AGE Years 34 Months 1 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balti Md.13. NAME Willie Butler14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Elizabeth Forbes16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Mrs Elizabeth Butler(Address) 133 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's ChurchDate 12 25 36

19

19. UNDERTAKER Wm. G. Nelson(Address) 221 N. Calhoun St.

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Traumatic septic peritonitis

Other contributory causes of importance:

stab wound under 11th rib,Was an operation performed? yes Date of Dec 5For what disease or injury? stab wound

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury Dec 4 1936Where did injury occur? Balti Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place sidewalk at White St & Fremont StManner of injury stab wound etc.Nature of injury stab wound etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Wright(Address) 1010 S. Eldred St

Coroner

M. D.

EC 24 1936

F 30353

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30353

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Bruce St. 15-2 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Tongue

If U. S. Veteran

specify WAR

(a) Residence: No. 1300 Bruce St., 15-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Tongue6. DATE OF BIRTH (month, day, year) 018737. AGE Years Months Days If LESS than 1 day, hrs. or min. 638. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1940
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.13. NAME Jeremiah Tongue14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.15. MAIDEN NAME Ellen Scott16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.17. INFORMANT Walter Tongue
(Address) 329 N. Mount St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/21 19 3619. UNDERTAKER Thomas E. Nelson
(Address) 1303 Breasling St.20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 193622. I HEREBY CERTIFY, That I attended deceased from 12/17, 1936, to 12/21, 1936I last saw him alive on 12/17, 1936. Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Paralysis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. R. L. Little M. D.(Address) 1117 N. D. St.

30354

F 30354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Gay St. 8-7 Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1418 N. Gay St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard N. Blight Sr.

6. DATE OF BIRTH (month, day, year) March 20, 1873

7. AGE 68 Years 9 Months 2 Days If less than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Charles Ditz 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Augustus Towson 16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Howard N. Blight Jr. (Address) 1418 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date 12/26 1936

19. UNDERTAKER Wm Fialkowski (Address) 2007 Eastern Ave

20. FILED

EC 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1936

22. I HEREBY CERTIFY That I attended deceased from April 6, 1936 to Dec 22, 1936

I last saw her alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Death from heart failure Date of onset 1936

Other contributory causes of importance:

Cerebral thrombosis 1 Day

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward J. M. D. (Address) 1354 Washington

30355

HEALTH DEPARTMENT—CITY OF BALTIMORE 30355

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *157-27-5* St. *27-5* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *16423 Glen Oak Ave* St. *27-5* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *157-27-5*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *none*6. DATE OF BIRTH (month, day, year) *May 4/1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *19 19*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Wm W. Phoebe*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Louise Reid*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Wm W. Phoebe*(Address) *16423 Glen Oak Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *12/24/36* 1919. UNDERTAKER *Philus Henry Jones*(Address) *16423 Glen Oak Ave*20. FILED *24 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 23/36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Imprecise, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* (Imprecise, Autopsy or Inquiry) find that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patent Foramen Ovale of heart

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *Yes* Date of *12/24/36*For what disease or injury? *Cardiac Failure*Name of operation *Clipping* Date of *12/24/36*What test confirmed diagnosis *Clipping* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *12/24/36*Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Home*Manner of injury *Clipping*Nature of injury *Clipping*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Phoebe* Coroner M. D.(Address) *1919 E. North Ave*

F 30356

✓ F 30356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Milliman St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1626 Milliman St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harry Holland

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years 51 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Elisha Lucas

14. BIRTHPLACE (city or town) N E (State or country)

15. MAIDEN NAME Maudie Woolfel

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Maudie Chester (Address) 1422 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 12-25-1936

19. UNDERTAKER Buzon & Son, Inc. 1217 N. E. 5th St (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Coronary Embolism

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation: No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen M. D. (Address) 501 Pennsylvania St

DEC 24 1936

30358

HEALTH DEPARTMENT—CITY OF BALTIMORE

30358

CERTIFICATE OF DEATH

19217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 48 mos. 48 ds. How long in U. S. If of foreign birth? 48 yrs. 48 mos. 48 ds.2. FULL NAME Mary Booze (Boss or Ross)If U. S. Veteran
specify WAR(a) Residence: No. 28 N. Norris St. St. 19-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of House Work
(or) WIFE of 1882/1888

6. DATE OF BIRTH (month, day, year)

7. AGE 44 48 Years Months Days If LESS than 1 day, 48 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) 0010
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Daniel Miles14. BIRTHPLACE (city or town) (State or country) Baltimore Md15. MAIDEN NAME Hanriett Boardley16. BIRTHPLACE (city or town) (State or country) Baltimore Md17. INFORMANT Herbert C. H. Records
(Address) 533 W. 1st St.18. BURIAL, CREMATION, OR Interment
Place My Agham Date Dec 25th 193619. UNDERTAKER Chas O Wilson
(Address) 1000 Broadway Ave

20. FILED

24 1836

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-193622. I HEREBY CERTIFY, That I attended deceased from 12-4-1936 to 12-23-1936I last saw her alive on 12-23-1936 Death is said to have occurred on the date stated above, at 4:35 Am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary)

Date of onset

1 wk

Other contributory causes of importance:

Cerebral Hemorrhage

Date of onset

3 wksWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John F. Rainey M. D.(Address) Baltimore City Hospital

F 30359

F 30359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St. Paul St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME

Edward Davis

If U. S. Veteran

specify WAR

(a) Residence: No.

1001 St. Paul

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ann Mahon

6. DATE OF BIRTH (month, day, year) Sept. 20, 1876

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 60 | 3 | 2 | |

| | | |
|------------|---|----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Asst. Manager |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Southern Hotel |
| | 10. Date deceased last worked at this occupation (month and year) | |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anne Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ann M. Davis
(Address) 1001 St. Paul Street18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/26, 193619. UNDERTAKER Henry H. Meares & Son
(Address) 805 N. Calvert St.

20. FILED 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 15, 1936 to Dec 22, 1936

I last saw him alive on Dec 22, 1936. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

edema of lungs

Date of onset

24 hr

Other contributory causes of importance:

enlargement of liver 8 mo (6 mo)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Pichtenberg M. D.

(Address) 2224 Madison Ave

F 30360

30360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Res: 537 Orchard

CITY OF BALTIMORE: (No. 537 Orchard

St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert M. Baker

(a) Residence: No. 537 Orchard

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 1 1895

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

41

Aug 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0040

12. BIRTHPLACE (city or town) (State or country)

Staunton Va

FATHER

13. NAME

St. Boles

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Pinkney Jones

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Pinkney Jones 330 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Adolphus Baker 218 South Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 22 1936

22. I HEREBY CERTIFY. That I attended deceased from Nov 22 1936 to Dec 22 1936

I last saw him alive on Dec 21 1936. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiovascular Renal Disease 24h

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

J. S. McCard

M. D.

2029 Druid Hill Ave

FILED

C 24 1936

Huntington Registrar.

30361

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30361

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Bond St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Andrew Otto

If U.S. Veteran specify WAR

(a) Residence: No. 1509 N. Bond St., Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary Otto (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16th 1870

7. AGE Years 66 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Geo, Otto

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Mary Otto (Address) 1509 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Dec. 26, 1936

19. UNDERTAKER Geo. M. Fink & Son (Address) 811 N. Wolfe St.

20. FILED

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23rd. 36 19

22. I HEREBY CERTIFY. That I attended deceased from Dec. 23, 1936 to Dec 23, 1936

I last saw him alive on Dec. 23, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Cerebral HemorrhageDate of onset
Dec 23
1936
seen
1936

Other contributory causes of importance:

Myocardial infarction
arterio-sclerosisDate of onset
1936
1936
1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Liebus E. Meekins M. D.
(Address) 2925 Overland Ave

30362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30362

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 9-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME *Alice M. Mahon*(a) Residence: No. *1515 N. Eden*
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>John A. McMahon</i> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Feb 8-1868</i> | | |
| 7. AGE Years <i>68</i> Months <i>10</i> Days <i>30</i> | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home work</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <i>40 37</i> | |

| | |
|--------|---|
| FATHER | 12. BIRTHPLACE (city or town, State or country) <i>Balto. Md</i> |
| | 13. NAME <i>John Phannessy</i> |
| MOTHER | 14. BIRTHPLACE (city or town, State or country) <i>Ireland</i> |
| | 15. MAIDEN NAME <i>M. McEivies</i> |
| | 16. BIRTHPLACE (city or town, State or country) <i>Ireland</i> |

| |
|--|
| 17. INFORMANT (Address) <i>Angela McMahon</i> <i>1515 N. Eden St</i> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Holy Redeemer</i> Date <i>Dec 26, 1936</i> |

| |
|--|
| 19. UNDERTAKER (Address) <i>Jes M. Smith</i> <i>811 N. Wolfe St</i> |
|--|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 22, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 20, 1936* to *Dec 22, 1936*I last saw him alive on *Dec 22, 1936* Death is said to have occurred on the date stated above, at *12 45* m.

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis*Date of onset
2 wks?

Other contributory causes of importance:

*Diabetes mellitus*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *ECG* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. Austron

M. D.

(Address)

St Joseph's Hospital

4 1936

F 30363

F 30363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mm. Hospital - 7* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elvir May Jeffery

If U. S. Veteran specify WAR

(a) Residence: No. *Union Mm. Hospital* St. *Greenway Apt.* Ward. *163* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i> |
| 5a. If married, widowed, or divorced HUSBAND of <i>Charles Loney</i> (or) WIFE of <i>Elvir May Jeffery</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Jan 5 - 1883</i> | | |
| 7. AGE | Years <i>53</i> | Months <i>11</i> |
| | Days <i>17</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Wool</i> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 22, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held a *inquiry* thereon and from the evidence obtained by *inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bichloride of Mercury Poisoning *12-1636*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *suicide* Date of injury *12-23-36*Where did injury occur *Greenway Apt. - Balt. Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Ingestion of Bichloride of Mercury*Nature of injury *Mercuric poisoning*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. J. Fickel*

Coroner

M. D.

(Address)

20. FILED

19

Reg.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

v s a

C 24 1936

F 30364

F 30364 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senai Hopt* St. *13-7* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *42* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *42* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *3713 E. Bay Ave.*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Sarah*6. DATE OF BIRTH (month, day, year) *1900*7. AGE Years *56* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. *Grocery Store*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1034*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hopt. Record* (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Wash. Blvd* Date *12/20/36*19. UNDERTAKER *Frank Jones Inc.* (Address) *1143 E. Baltimore St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/22/36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchitis
Pulmonary Tuberculosis

Other contributory causes of importance:

*Pulmonary Hemorrhage*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Paul Schenker*(Address) *1919 E. North Ave*

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

DEC 24 1936

F 30365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Joseph's Hospital*CITY OF BALTIMORE: (No. *77-5*)Registered No. *210-14*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME *John H. Louch*

If U. S. Veteran specify War

(a) Residence: No. *3716 Fleetwood*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *August 13, 1910*7. AGE Years *26* Months *4* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Wavy - Electrician*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *1936*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *John H. Louch*
14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Elizabeth Sadler*
16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT (Address) *3716 Fleetwood Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Parkman Cem.* Date *12/26/36*19. UNDERTAKER (Address) *Frederick Branch*

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-23*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held at *St. Joseph's* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *find* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Depressed fracture of skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *12-23-36*Where did injury occur? *Highway U. S. 215 near* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *St.*

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Arthur Bentley, M.D.* Coroner(Address) *707 N. Charles*

OCCUPATION is very important. See instructions on back of certificate.

C 24 1936

F 30366

30366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *307 S. Eden St* Ward *3-1*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *307 S. Eden St*, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Gertrude Cimaglia* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 1858*7. AGE Years *78* Months *0* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) *Italy*13. NAME *Domino Cimaglia*14. BIRTHPLACE (city or town) (State or country) *Italy*15. MAIDEN NAME *Nancy Depola*16. BIRTHPLACE (city or town) (State or country) *Italy*17. INFORMANT *Gertrude Cimaglia*(Address) *307 S. Eden St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Dec 26 1936*19. UNDERTAKER *Wendell J. Hopper*(Address) *65 S. ...*20. FILED *Thurston*

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 23 36*22. I HEREBY CERTIFY. That I attended deceased from *Dec. 14* 19*36* to *Dec. 23* 19*36*I last saw him alive on *Dec. 22* 19*36*. Death is said to have occurred on the date stated above, at *6:20* am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Hypertension, arteriosclerosis.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signed

(Address)

M. D.

30367

F 30367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp. St. 7-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *2* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2700* *Jefferson* St., *7-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 23, 1936*7. AGE Years Months Days If LESS than 1 day... 1 hr. 12 min. *0 0 0 12 min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*13. NAME *Michael John Glenn*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*15. MAIDEN NAME *Kathryn Blanche Cassen*16. BIRTHPLACE (city or town) *Ind.* (State or country)17. INFORMANT *Michael John Glenn* (Address) *2700 Jefferson St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic Ch. Dec 24, 1936*19. UNDERTAKER *Filly & Ziller Inc.* (Address) *403 N. Old St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 24*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 23*, 19*36*, to *Dec. 24*, 19*36*.I last saw her alive on *Dec. 24*, 19*36* Death is said to have occurred on the date stated above, at *12:40* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity, 7 mos. Cesarean section for placenta previa.

Date of onset

12-23-36

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Frank R. Stephenson* M. D.

(Address)

24 1936

30368

F 30368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 6-14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Rosamunda Johannes*(a) Residence: No. *214 N. Conlee* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*3a. If married, widowed, or divorced
HUSBAND of *Late Michael Johannes*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 28-1856*7. AGE Years *80* Months *7* Days *25* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at Home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0037*12. BIRTHPLACE (city or town) *Germany*
(State or country)FATHER 13. NAME *Philip Leising*14. BIRTHPLACE (city or town) *Germany*
(State or country)MOTHER 15. MAIDEN NAME *Anna Schaefer*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mary J. Kriep*
(Address) *214 N. Conlee St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *Dec. 26, 1936*19. UNDERTAKER *Lilly & Zeiler N.C.*
(Address) *403 S. Wolfe*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 28, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 15, 1936* to *Dec 28, 1936*I last saw her alive on *Dec 23, 1936* Death is said to have occurred on the date stated above, at *11¹⁰* p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
& Congestive heart failure 1 wks

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Frank R. Stephenson* M. D.(Address) *St. Joseph's Hospital*

6 27 1936

F 30369

30369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 n Dallas St., 7-5 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

2. FULL NAME

Alice Richardson

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 529 n Dallas St., 7-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cwl 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Richardson6. DATE OF BIRTH (month, day, year) Nov 12 - 18967. AGE Years 46 Months 01 Days 10 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070
10. Date deceased last worked at this occupation (month and year) 1070 11. Total time (years) spent in this occupation 107012. BIRTHPLACE (city or town) St Mary County (State or country) MD13. NAME Charles H Young14. BIRTHPLACE (city or town) St Mary County (State or country) MD15. MAIDEN NAME Elyse ?16. BIRTHPLACE (city or town) St Mary County (State or country) MD17. INFORMANT Charles Young (Address) 529 n Dallas St18. BURIAL, CREMATION, OR REMOVAL Place St Calvary Cem Date Dec 26 193619. UNDERTAKER Robert Williams (Address) 1515 Mc Cleary St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Dec 21 1936

Other contributory causes of importance:

Was an operation performed? no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed diagnosis? Histology Was there an autopsy no23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.(Address) 587 Annapolis St24 1936 George S. Allen Registrar

30370

HEALTH DEPARTMENT—CITY OF BALTIMORE

30370

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Winslow Road 27-14 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Christopher

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No. 4603 Winslow Road St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of Catherine M. Christopher
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1857

7. AGE Years 78 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Thomas Christopher
14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Albert P. Christopher
(Address) 4603 Winslow Road

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Dec 26, 1936

19. UNDERTAKER Chappoworth Son
(Address) 3615-17 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1935 to Apr 23, 1936

I last saw him alive on Dec 20th, 1936 Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerotic Cardio-vascular disease with Hypertension

Date of onset

1930

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? no Date of

For what disease or injury? ✓

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis St. Gilles M. D.

(Address) 900 Pr. 37th St.

20. THIS DEATH

REGISTERED

30371

F 30371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Md. Penitentiary Hosp. St. 10-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth?... yrs... mos... ds.

2. FULL NAME

(a) Residence No. *954 Forrest* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Barbara Remley (Deals)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 3rd, 1881*7. AGE Years *55* Months *4* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Deals Island* (State or country) *Maryland*13. NAME *James L. Gibson (Deals)*14. BIRTHPLACE (city or town) *Somerset, Co.* (State or country) *Maryland*15. MAIDEN NAME *Annie Tankersley*16. BIRTHPLACE (city or town) *Somerset, Co.* (State or country) *Maryland*17. INFORMANT *Edward Gibson* (Address) *116 S. Bondlin St*18. BURIAL, CREMATION, OR REMOVAL Place *North Lawn* Date *Nov 26, 1936*19. UNDERTAKER *John C. Miller* (Address) *12437-75 E. Avenue*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 23rd, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 23rd, 1936* to *Dec. 23rd, 1936*I last saw him alive on *Dec. 23rd, 1936* Death is said to have occurred on the date stated above, at *4:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary Carcinoma*Date of onset *9-27-36*

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John Tankersley* M. D. (Address) *Temple Court Apartments*

OCCUPATION is very important. See instructions on back of certificate.

DEC 24 1936

30372

HEALTH DEPARTMENT—CITY OF BALTIMORE

30372

CERTIFICATE OF DEATH

15592/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. _____ St. 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Sadie Bennett

U. S. Veteran

specify WAR _____

(a) Residence: No. 305 N. Broadway

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------------|----------------------------------|---|
| 3. SEX F. | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|---------------------|----------------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 10-2-1878 ?

| | | | | |
|-----------------------|-------|----------|-----------|--|
| 7. AGE 58 ? | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>2</u> | <u>18</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ Md.
(State or country)FATHER 13. NAME John Pumphrey14. BIRTHPLACE (city or town) _____ ?
(State or country)MOTHER 15. MAIDEN NAME Henrietta Cromwell16. BIRTHPLACE (city or town) _____ ?
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date Dec 24, 193619. UNDERTAKER John C. Miller
(Address) 2437-25 E. Avenue

20. FILED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 193622. I HEREBY CERTIFY, That I attended deceased from 10-19, 1935 to 12-20, 1936I last saw h. alive on 12-20, 1936 Death is said to have occurred on the date stated above, at 5 P.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal Disease

Date of onset

2 mos

Other contributory causes of importance:

Was an operation performed? no

Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? no

23. if death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed)

(Address)

f so, specify

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

F 30373

F 30373 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *West Baltimore 9-8* St., *121* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Emily J. Younger*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 22, 1888*7. AGE *48* Years *6* Months *1* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant helper*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B. & O. R. R.*10. Date deceased last worked at this occupation (month and year) *11/30/36* 11. Total time (years) spent in this occupation *27*12. BIRTHPLACE (city or town) *Ind.* (State or country)13. NAMES *David Brown*14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Ind.*16. BIRTHPLACE (city or town) *Ind.* (State or country)17. INFORMANT *Mr. Emily J. Brown* (Address) *740 Bartlett Ave*18. BURIAL, CREMATION, OR REMOVAL *Memorial Park* *Dec 26* 19 *36*19. UNDERTAKER *Harry A. Witzke* (Address) *4101 Edmondson Ave*20. FILED *12-24-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 23* 19 *36*22. I HEREBY CERTIFY That I attended deceased from *12/7* 19 *36* to *12/23* 19 *36*I last saw him alive on *12/23* 19 *36* Death is said to have occurred on the date stated above, at *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism *12/23*

Other contributory causes of importance:

Arteriosclerosis C.V.R. disease *12/7/36*
acute gangrenous cholecystitis
*with cholelithiasis*Name of operation *appendectomy* Date of *12/14/36*What test confirmed diagnosis? *Was there an autopsy?*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If *no* (Signed) *S. J. Aleszewski* M. D.(Address) *West Baltimore 11th*

30374

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30374

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E. 21st St. 27-11 Ward)

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martin J. Gaynor

If U. S. Veteran

specify WAR

(a) Residence: No. 340 Winston Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Margaret G. Gaynor (nee Murphy) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1872.

7. AGE 64 Years 4 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Revised Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Martin Gaynor

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Ann Clark

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Margaret G. Gaynor (Address) 340 Winston Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec. 25, 1936

19. UNDERTAKER Harry H. Hitzler (Address) 4101 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 22, 1936.

Last saw him alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Act. Nephritis.

Date of onset

6 mo

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Urine Analysis there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed)

(Address) 888 N. Lombard St.

M. D.

DEC 24 1936

F 30373
32

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30375

CERTIFICATE OF DEATH

X 124-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Samuel George(a) Residence: No. Millers St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Addie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 11/8/837. AGE Years 53 Months 1 Days 13 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) N.C.13. NAME Robt14. BIRTHPLACE (city or town) (State or country) N.C.15. MAIDEN NAME Ella Wallis16. BIRTHPLACE (city or town) (State or country) N.C.17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Free Methodist Cemetery
Place Allesia, Md. Date Dec. 26, 193619. UNDERTAKER Paul H. Hartenstein
(Address) Freedom, Pa.24 1936 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936 to Dec 21, 1936I last saw him alive on Dec 21, 1936. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

cirrhosis of the liver
pneumonia

Date of onset

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Fredrick C. Weber M. D.(Address) Johns Hopkins Hospital

30377

F 30377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 442 W 23rd St
 CITY OF BALTIMORE: (No. 442 W 23rd St. 12-7 Ward)
 Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME William H Wantland
 (a) Residence: No. 442 W 23rd St St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR none

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Dora G Wantland (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1860

7. AGE Years 76 Months 10 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. P. R. R.

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Robert Wantland

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Lucinda Boon

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mr Dora G Wantland (Address) 442 W 23rd St

18. BURIAL, CREMATION, OR REMOVAL Place St Marys Hospital Date Dec 26, 1936

19. UNDERTAKER William Hook (Address) 12708 Paul St

20. FILE 1936 St Marys Hospital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1936

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) inquest

obtained by said inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Copious Thrombosis Pulmonary embolism Heart

Date of onset

12-24-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Sedgwick M. D.

(Address) St Marys Hospital Coroner

State CAUSE OF DEATH in plain terms, so that it may be read by any one. See instructions on back of certificate. OCCUPATION is very important.

F 30378 HEALTH DEPARTMENT—CITY OF BALTIMORE 30378

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. BETHESDA St., 8-6 Ward)

Length of residence in city or town where death occurred: Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1714 N. Bethesda St., 8-6 Ward.

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran, specify War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Selda Kiefner (or) WIFE of Selda Kiefner

7. DATE OF BIRTH (month, day, year) 1899

7. AGE Years 37 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Frank L. Kiefner

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Anna Maria Kiefner

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Mr. A. B. Kiefner (Address) 1217 E. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Interment Date 12/26/36

19. UNDERTAKER Wm. J. Kiefner (Address) 1217 E. Paul St.

MEDICAL CERTIFICATE (OF DEATH)

21. DATE OF DEATH (month, day, year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1936 to Dec 24th 1936

I last saw him alive on Dec 23rd 1936 Death is said to have occurred on the date stated above, at 1:10 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Cardiac Hypertrophy

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert S. Kirk M. D.

(Address) 3126 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

C 25 1936

F 30379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30379

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 7-10* Ward *11-B*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Lee Kniefely

If U. S. Veteran specify WAR

(a) Residence: No. *539**Chateau Ave*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 8, 1930

7. AGE

5 Years *6* Months *11* Days

If LESS than 1 day, hra. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

George Kniefely

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Gargize Nelson

16. BIRTHPLACE (city or town) (State or country)

Chesfield Md

17. INFORMANT

(Address)

Mother Same

18. BURIAL, CREMATION, OR REMOVAL

Place

Northtown

Date

12/26/36

19. UNDERTAKER

(Address)

Wm. C. ...

Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) *Dec 24*, 193622. I HEREBY CERTIFY, That I attended deceased from *Dec 24*, 1936, to *Dec 24*, 1936I last saw him alive on *Dec 24*, 1936. Death is said to have occurred on the date stated above, at *3:45* p.m.

The principal cause of death and related causes of importance were as follows:

Influenza meningitis

Date of onset

11-23-36

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was a disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Francis J. Schwentker

M. D.

(Address)

Sydenham Hosp.

EC 25 1936

F 30380 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30380

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Penna ave St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Smuckler

If U. S. Veteran specify WAR

(a) Residence: No. 917 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years Months Days If LESS than 1 day. hrs. or min. 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1000

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Smuckler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Birdie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Yetta Smuckler
(Address) 917 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Date Dec 25 1936

19. UNDERTAKER Jol Swinson & Bros
(Address) 1126 W. North ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936

22. I HEREBY CERTIFY. That I attended deceased from Jan 25 1936 to Dec 25 1936

Last saw him alive on Dec 15 1936 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Arterial Hypertension? Date of onset 12/25/36
Acute Pulmonary Edema

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Exam Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louist. Lavy M. D.

(Address) 1844 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

C 25 1936

F 30381

F 30381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Ward)Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME ADELE G. CLAGETT(a) Residence: No. 2100 Clifton Avenue

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur L. Clagett6. DATE OF BIRTH (month, day, year) Aug. 14, 1880

| | | | | |
|---------------------|-------------------|---------------------|-------------------|---|
| 7. AGE <u>56</u> | Years <u>4</u> | Months <u>10</u> | Days <u>10</u> | If LESS than 1 day, hrs. or min. |
|---------------------|-------------------|---------------------|-------------------|---|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. Md.
(State or country)13. NAME Charles E. Magness14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Mary Correll16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Harry Z. Leppo
(Address) 1722 Thomas Avenue

18. BURIAL, CREMATION, OR REMOVAL

Abington M.E. Cem Date Dec. 27, 193619. UNDERTAKER Chas. P. Trautman
(Address) 118 W. Mt. Royal Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held as thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said find that said deceased came
(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Voluntary Heart Disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. P. Trautman(Address) 118 W. Mt. Royal Ave

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

v s q

EC 25 1936

30383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30383

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Reistatoun Rd Ward 15)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 30 yrs. 0 mos. 0 ds.

2. FULL NAME

Lena Goldberg(a) Residence: No. 3016 Reistatoun Rd St. Ad Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced

HUSBAND of Samuel Goldberg
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

63 Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Goldberg14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chippa16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Ms Rhea Berman(Address) 3016 Reistatoun Rd

18. BURIAL, CREMATION, OR REMOVAL

North Point Rd 12-25-3619. UNDERTAKER Locke & Sons Inc(Address) 5439 E. Baltimore St

20. FILLED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1936, to Dec. 24 1936I last saw her alive on Dec. 24 1936 Death is said to have occurred on the date stated above, at 945 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12/15/36

Other contributory causes of importance:

Chronic Arteriosclerosis 3 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Goldberger M. D.(Address) 817 Hamilton St

C 25 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30384

30384

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4314 Arabia Ave., St. 27-2 Ward)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Helen F. Schipferling

If U.S. Veteran specify WAR

(a) Residence: No. 4314 Arabia Ave., St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 10, 1864

7. AGE Years 72 Months 6 8 Days 14 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George Schipferling

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Barbara Streib

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Emma Weaver (Address) 4319 Arabia Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 26, 1936

19. UNDERTAKER John D. Henny (Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to Dec. 23, 1936.

I last saw him alive on Dec. 23, 11.10 AM. Death is said to have occurred on the date stated above, at 8. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure

Date of onset

Other contributory causes of importance:

Influenza & Bronchitis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Surin M. D.

(Address) 4706 Harford Road

FILED 1936-12-24

30385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30385

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Stafford Hotel

CITY OF BALTIMORE: (No. Charles & Madison Sts 11-2 life)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Tall

If U.S. Veteran
specify WAR

(a) Residence: No. Charles & Madison St., St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Annie L. Tall
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1859

7. AGE Years 77 Months 1 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A. Hoen & Co. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Young Tall

14. BIRTHPLACE (city or town) Madison, Md.
(State or country) Dorchester Co.

15. MAIDEN NAME Elizabeth Streets

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mrs. Annie L. Tall
(Address) Stafford Hotel18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec. 26, 193619. UNDERTAKER John J. Henry
(Address) 715 Light St.

20. FILED

EC 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 17, 1936, to Dec 23, 1936

I last saw him alive on Dec 20, 7.30 a.m. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Enlarged heart

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. E. Smith
910 Light St.

M. D.

F 30386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____)

St. 23-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Eva B. Cole(a) Residence: No. 1527 Marshall

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Cole6. DATE OF BIRTH (month, day, year) 11-6-827. AGE Years 54 Months 1 Days 18 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME Robert Thomas14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Emily Walker16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. OlivetDate Dec. 28 193619. UNDERTAKER John B. Denny(Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 193622. I HEREBY CERTIFY, That _____ attended deceased from Dec 16 1936 to Dec 24 1936I last saw her alive on Dec 24 1936. Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Disease
Atherosclerosis, general & coronal
Uremia
Emphysema

Date of onset

Dec 1936own

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James H. Swilley

M. D.

(Address) Johns Hopkins Hospital

20. 11 1936

21. 11 1936

22. 11 1936

23. 11 1936

24. 11 1936

F 30387

F 30387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Nicoll Ave 77-8 Ward)Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Elizabeth A Schere

If U. S. Veteran

specify WAR

(a) Residence: No. 504 Nicoll Ave St., 77-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced, HUSBAND of Adelbert B. Schere (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 29 18907. AGE 46 Years 1 Months 23 Days 25 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) New York (State or country)13. NAME John J. Barrett14. BIRTHPLACE (city or town) New York (State or country)15. MAIDEN NAME Mary A. Buehl16. BIRTHPLACE (city or town) Canada (State or country)17. INFORMANT Adelbert B. Schere (Address) 504 Nicoll Ave18. BURIAL, CREMATION, OR REMOVAL Cathedral Cn Date 12/26 193619. UNDERTAKER George A. Failer (Address) Catonsville Md20. FILL IN 12/26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 193622. I HEREBY CERTIFY, That I attended deceased from June - 25 1936 to Dec - 22 - 1936
I last saw her alive on Dec - 22 1936 Death is said to have occurred on the date stated above, at 12:45 A.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Malignant) Breast

Date of onset

1934

Other contributory causes of importance:

Was an operation performed? Yes Date of June - 1934For what disease or injury? CarcinomaName of operation Radical Mastectomy Date of JuneWhat test confirmed diagnosis? Tissue Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) S. Lloyd Johnson M. D.(Address) Catonsville

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

VS 3

C 25 1936

F 30388

F 30388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4928 Belair Rd. St. 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William F. Brown(a) Residence: No. 1605 N. Montford Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Mabel Brown (last name of)6. DATE OF BIRTH (month, day, year) April 7, 18817. AGE Years Months Days If LESS than 1 day, hrs. or min. 55 9 8 17 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balt. (State or country) MD.13. NAME Chas. H. Brown14. BIRTHPLACE (city or town) Balt. (State or country) MD.15. MAIDEN NAME Mary B. Reinhold16. BIRTHPLACE (city or town) Balt. (State or country) MD.17. INFORMANT Mrs. Howard Lattie (Address) 154 W. University Parkway18. BURIAL, CREMATION, OR REMOVAL Place City Reformatory Date Dec 26, 193619. UNDERTAKER F. A. Prance & Son (Address) 1216 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/36, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner(Address) 1919 E. North Ave.

Registrar.

28 1936

19

H. J. Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

30389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Howard Park Ave Ward 2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 14 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mary C. Obenshain

If U.S. Veteran

specify WAR _____

(a) Residence: No. 3116 Howard Park Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam H. Obenshain6. DATE OF BIRTH (month, day, year) March 20, 1875

7. AGE

Years

Months

Days

If LESS than
1 day. _____ hra.
or _____ min.61965

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgantown
(State or country) Ind.

FATHER

13. NAME

William J. Hensley

14. BIRTHPLACE (city or town)

(State or country)

not known

MOTHER

15. MAIDEN NAME

Mary Horne

16. BIRTHPLACE (city or town)

(State or country)

not known

17. INFORMANT

(Address)

Sarah C. Keiscome
3116 Howard Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Buena Vista Cemetery 12/28 1936
Haymarket Pa

19. UNDERTAKER

(Address)

Walter Y. Groat
Haymarket Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936I HEREBY CERTIFY, That I attended deceased from Nov 15 1936 to Dec 25 1936.I last saw him alive on December 25 1936 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary B
Stomach.

Date of onset

Nov, 1935

Other contributory causes of importance:

Myocarditis.Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation, of deceased? No.

If so, specify _____

(Signed)

John A. Schenck M. D.Address 1337 S. Charles St.

26 1936

Registrar

30390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Amberly 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Baithers med. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 28 18847. AGE Years 82 Months 7 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) N. Y.13. NAME Isaac Bishop14. BIRTHPLACE (city or town) (State or country) N. Y.15. MAIDEN NAME Sarah C. Davis16. BIRTHPLACE (city or town) (State or country) N. Y.17. INFORMANT Wm. Arthur Shipley
(Address) Baithers med.18. BURIAL, CREMATION, OR REMOVAL
Place DePaul Ave Date Dec 27 193619. UNDERTAKER Wm. Arthur Shipley
DePaul Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 193622. I HEREBY CERTIFY, That I attended deceased from 12/30 1936 to 12/24 1936I last saw him alive on 12/24 1936 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
Cerebral hemorrhage 1 day

Other contributory causes of importance:

Mitral insufficiencyName of operation None Date of NoneWhat test confirmed diagnosis? EL Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of Injury 19Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of Injury NoneNature of Injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. L. L. L. M. D.(Address) 3321 F. J. L. L. L.

26 1936

30391

F 30391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Little Sisters of the Poor

CITY OF BALTIMORE: (No. 200 Valley St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Karanough

If U. S. Veteran

specify WAR

(a) Residence: No.

1200 -

Valley

St.,

City

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

23 July 1865

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

11

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER FATHER

13. NAME

John Karanough

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Sarah Betts

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) Sister Stanislas, Sup.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date 12-26-36

19. UNDERTAKER

(Address) 914 E. Monument St.

H. E. Taylor, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Dec. 23, 1936

I last saw him alive on Dec. 20, 1936. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chor. Endocarditis
Chor. Nephritis

Other contributory causes of importance:

Arteriosclerosis

Date of onset

?

?

?

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Phys. Lat.

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

26 1936

30392

F 30392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Northway, Guilford 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 7 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME

James Howard Millar

If U. S. Veteran

specify WAR

(a) Residence: No. 412 Northway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17, 1876

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 60 | 9 | 7 | |

| | | |
|------------|---|-------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Trust Officer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Mercantile Tr Co. |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

| | | |
|--------|--|--------------------|
| FATHER | 13. NAME | James Millar |
| | 14. BIRTHPLACE (city or town) (State or country) | Baltimore Maryland |

| | | |
|--------|--|--------------------|
| MOTHER | 15. MAIDEN NAME | Mary Early |
| | 16. BIRTHPLACE (city or town) (State or country) | Baltimore Maryland |

17. INFORMANT Mrs. Arthur L. Jackson
(Address) 4807 Edmondson Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 12/26 193619. UNDERTAKER
(Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 12, 1936 to Dec 24, 1936

I last saw him alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cancer of Liver & Stomach

Other contributory causes of importance: Primary Carcinoma of Bladder

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

26 1936

Huntington

30393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30393

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *7-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *7* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Floris Marie Baker

If U.S. Veteran

specify WAR _____

(a) Residence: No. *Rock Hall, Md* St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Sept 1 - 1936*7. AGE Years *3* Months _____ Days *27* If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Rock Hall, Md* (State or country) _____

FATHER

13. NAME *William F. Baker*14. BIRTHPLACE (city or town) *Rock Hall, Md* (State or country) _____

MOTHER

15. MAIDEN NAME *Kellie J. Watson*16. BIRTHPLACE (city or town) *Rock Hall, Md* (State or country) _____17. INFORMANT *Mrs. William F. Baker*(Address) *Rock Hall, Md*18. BURIAL, CREMATION, OR REMOVAL *Resday Chapel, sent to Md Dec 36, 1936*19. UNDERTAKER *J. H. Good*(Address) *Church Hill, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 24, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 23, 1936* to *Dec. 24, 1936*I last saw him alive on *Dec. 24, 1936* Death is said to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia (over)

Date of onset _____

Other contributory causes of importance:

*Gravitation
Prematurity*Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis *Clinical* Were an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Daniel W. Wilson* M. D.(Address) *Sinai Hospital*

26 1936

Registrar.

30394

4237

F 30394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-12 Ward) 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME William O'BrienIf U.S. Veteran
specify WAR(a) Residence: No. none

St., Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, ~~Married~~, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie O'Brien6. DATE OF BIRTH (month, day, year) 1875 July 2-18767. AGE Years 60 Months 5 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Maryland (State or country) Baltimore13. NAME William G. O'Brien14. BIRTHPLACE (city or town) Maryland (State or country) Baltimore15. MAIDEN NAME Ema Airey16. BIRTHPLACE (city or town) Maryland (State or country) Baltimore17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 28 19 3619. UNDERTAKER Wm J. Lickner & Sons (Address) 700 Adams

20. FILED

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 19 3622. I HEREBY CERTIFY That I attended deceased from 10-20 19 34 to 12-24 19 36I last saw him alive on 12-24 19 36 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
12-24-36

Other contributory causes of importance:

Hypertensive Cardio-vascular
Renal DiseaseUnkWas an operation performed? no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Signed) John F. Rainey

M. D.

(Address) Baltimore City Hospital

30395

F 30395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Edmondson Ave St. 16-5 Ward)Registered No. 94-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence No. 2615 Edmondson Ave St. 16-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha H. Beveridgec. DATE OF BIRTH (month, day, year) Sept 21, 18587. AGE Years 78 Months 3 Days 3 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelting Dept9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) W. Va. (State or country) W. Va.13. NAME Scotland14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Scotland (State or country)17. INFORMANT Mr. Russell A. Beveridge (Address) 2615 Edmondson Ave18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Place Dec 26, 3619. UNDERTAKER Wm. J. Diefenbach & Sons20. 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 21- 36 to Dec. 24 1936I last saw him alive on Dec. 23 36 Death is said to have occurred on the date stated above, at Dec 24, 36 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
myocardial De compensation

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical Date ofWhat test confirmed diagnosis? No Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Wm. J. Diefenbach & Sons M. D.Wm. J. Diefenbach & SonsWm. J. Diefenbach & Sons

OCCUPATION is very important. See instructions on back of certificate.

30396

F 30396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Hudson St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2632 Hudson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of Michael Wieruszewski
1869

6. DATE OF BIRTH (month, day, year)

7. AGE 67 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Tomasz Adamski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Jozefina Marcysanna16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Michael Wieruszewski
(Address) 2632 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 12/28 193619. UNDERTAKER John J. Ruda
(Address) 2611 Hudson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-36

22. I HEREBY CERTIFY, That I attended deceased from

last saw him alive on 12-23-36 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhageDiffusion

Other contributory causes of importance:

acute cardiac dilatationWas an operation performed? no Date ofFor what disease or injury? strokeName of operation stroke Date ofWhat test confirmed diagnosis? there an autopsy

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? no Date of Injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Ruda M. D.(Address) 100 W. 1st St

C 26 1036

1936

30397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30397

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Kendover Rd St. 27-11 Ward)Length of residence in city or town where death occurred 79 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 79 yrs. 3 mos. 12 ds.

2. FULL NAME

(a) Residence: No. 4305 Kendover Rd St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced Widowed5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna May Keach Magruder6. DATE OF BIRTH (month, day, year) Sept-12-18577. AGE Years 79 Months 3 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Washington DC

13. NAME

FATHER

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 193622. I HEREBY CERTIFY, That I attended deceased from 1925 to Dec. 24 1936last saw him alive on Dec. 23 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis
Myocardial infarction
Atherosclerosis

Date of onset

Friday

Other contributory causes of importance:

Pyelonephritis
Myocardial infarction
70Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw. A. Magruder M. D.(Address) 6-E-11th St.

26 1936

H

30398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30398

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712-E-41st St. G-1 Ward)Length of residence in city or town where death occurred 63 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth 63 yrs. 10 mos. 4 ds.

2. FULL NAME

Ellenora Overton

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR NONE

(a) Residence: No.

712 E-41st

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Overton6. DATE OF BIRTH (month, day, year) Feb/20/1873

7. AGE

Years

Months

Days

If LESS than 1 day,hra. ormin.

63104

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME

John Bigus14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME

Mary Anderson16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT

(Address)

Mrs. J. F. Gorsul (daughter)
4124 Westview Road

18. BURIAL, CREMATION, OR REMOVAL

Place

LorraineDate Sept 26/36

19. UNDERTAKER

(Address)

Stewart M. Menn Co.
108 W. 10th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Dec 24, 1936I last saw her alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the fundus of the uterus

Other contributory causes of importance:

Date of onset

Was an operation performed? yes Date of Aug/35

For what disease or injury?

Name of operation Hysterectomy Date Aug 35What test confirmed diagnosis? and Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. H. Pearce M. D.(Address) 2105 7th Ave. N

26 1936

F 30399

30399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 E Pratt St St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.
If U. S. Veteran specify WAR2. FULL NAME Audry Helen Krolicki(a) Residence: No. 1823 E. Pratt St. St., 2-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) Oct 16 19367. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Joseph Krolicki14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Dorothy Wojciechowski16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Joseph Krolicki
(Address) 1823 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 26. 193619. UNDERTAKER Arred W. Ozykowski
(Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 . 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Thyroid gland
asphyxiation

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address) 1010 S. Belmont Ave

26 1936

19

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

F 30400

30400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

26 1936

Registrar

state CAUSE OF DEATH in plain terms, so that it may be understood by all. See instructions on back of certificate. OCCUPATION is very important.

30401

F 30401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *562 Dolphin St* St. *17-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *562 Dolphin St* St. Ward.

If U.S. Veteran

Specify WAR

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|---|
| 3. SEX <i>Female</i> | 4. Color or Race <i>Colored</i> | 5. Single, Married, Widowed, or Divorced. (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>Feb. 6' 1916</i> | | |
| 7. AGE <i>20</i> | Years <i>10</i> | Months <i>18</i> |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) <i>Balto. Md.</i> | | |
| 13. NAME <i>Daniel C. Bruce</i> | | |
| 14. BIRTHPLACE (city or town) (State or country) <i>Astoria Md.</i> | | |
| 15. MAIDEN NAME <i>Bessie Beasley</i> | | |
| 16. BIRTHPLACE (city or town) (State or country) <i>North Carolina</i> | | |
| 17. INFORMANT <i>Bessie B. Bruce</i> (Address) <i>562 Dolphin</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <i>Arbutus Mem. Pl.</i> Date <i>Dec. 28' 36</i> | | |
| 19. UNDERTAKER <i>Mr. Geo. H. Hall</i> <i>Quind Hill Ave</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 24, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 22, 1936* to *Dec. 24, 1936*I last saw him alive on *Dec 24, 1936* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

*Dec 24*Other contributory causes of importance: *?*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward J. Wheatley* M. D.(Address) *1230 Grand Haven Ave*

OCCUPATION is very important. See instructions on back of certificate.

C 26 1936

19

Registrar

36403

F 30403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROY R. GARNER Jr.

If U. S. Veteran

specify WAR

(a) Residence: No. 1119 N. Port St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) June 11. 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Roy R. Garner

14. BIRTHPLACE (city or town) Chicago (State or country) Ill.

15. MAIDEN NAME Ida M. Weaver

16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Mr. Roy R. Garner (Father)

(Address) 1119 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's 5th Ref. Ch. Cem. Dec. 26, 1936

HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore & Broadway.

20. FILED 26 1936 H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patent Foramen ovale of heart

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. H. M. D.

(Address) 1919 E. North Ave.

30404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30404

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Lake Shrine near Linden Ave.

Registered No.

CITY OF BALTIMORE: (No.

Lake Shrine Apt. 13-1

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME

Genove Grabb Friedberg

If U. S. Veteran

specify WAR

(a) Residence: No.

Lake Shrine Apt. 13-1

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE

Solomon Friedberg

6. DATE OF BIRTH (month, day, year)

May 25, 1876

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

60

6

29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Bernard Grabb

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Hara Lee

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

Mr. H. Friedberg

(Address)

Lake Shrine Apt. 13-1

18. MANNER, CIRCUMSTANCES, OR REMOVAL

Place

Norfolk, Va. Dec. 26, 1936

19. UNDERTAKER

Theresa Souders - son

(Address)

1702 Eastern Place

(City)

Huntington, W. Va.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

August 1936 to December 24, 1936

I last saw him/her alive on December 24, 1936. Death is said to have occurred on the date stated above, at 12⁰⁰ P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

12/23/36

Other contributory causes of importance:

Hypertension, arteriosclerosis

10 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. S. Sherry M. D.

(Address) 3403 Forest Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

26-1936

30405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/30405

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital*, 9-9 Ward)Registered No. *107-a-143*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Elva Vogelsang(a) Residence: No. *4th Ave.*

(Usual place of abode)

St.,

Ward. *Carney, Md.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *m*5a. If married, widowed, or divorced HUSBAND of *Frank W. Vogelsang* (or) WIFE of6. DATE OF BIRTH (month, day, year) *7-16-1896*7. AGE Years *40* Months *6* Days *6* 11 LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Estella Anderson*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Fredrich Vogelsang* (Address) *4th Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Montford* Date *12-26-1936*19. UNDERTAKER *Leonard J. Bach* (Address) *535 S. Broadway, Baltimore**Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-22-1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 18, 1936* to *Dec 22, 1936*I last saw her alive on *Dec. 22, 1936* Death is said to have occurred on the date stated above, at *9:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Branchopneumonia

Date of onset

12-17-36

Other contributory causes of importance:

*Pregnancy (8½ mo.) with delivery on 12-18-36*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. Quastner*(Address) *St. Joseph's*

M. D.

26 1936

OCCUPATION is very important. See instructions on back of certificate.

30406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30406

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *506 Punbridge Rd* St. *Ward 8*)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *506 Punbridge Rd* St. *Ward 8*

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR *No Record*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Catherine Heath*6. DATE OF BIRTH (month, day, year) *Oct 10 1876*7. AGE Years *60* Months *2* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked in this occupation (month and year) *May 1936* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto Md* (State or country)13. NAME *George R. Heath*
14. BIRTHPLACE (city or town) *Richmond Va* (State or country)15. MAIDEN NAME *Eliza Rochester*
16. BIRTHPLACE (city or town) *Chickstown Md* (State or country)17. INFORMANT *Catherine Heath* (Address) *576 Punbridge Rd*18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine* Date *Dec 28 1936*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 25 1936*22. I HEREBY CERTIFY, That I attended deceased from *April 25*, 1936, to *Dec 20*, 1936.I last saw him alive on *Dec 20 1936*. Death is said to have occurred on the date stated above, at *12 30* p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Alcohol Intoxication
Intubation

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) *J. L. M. Wright* M. D.(Address) *117 W. Saratoga St.*

OCCUPATION is very important. See instructions on back of certificate.

C 28 1936

30407 HEALTH DEPARTMENT—CITY OF BALTIMORE 30407

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hosp* - St. *6-4* Ward) *108*

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *209 N. Chapel* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *none*

6. DATE OF BIRTH (month, day, year) *Sept 7/1935*

7. AGE Years *1* Months *3* Days *17* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Thomas G. Nagel*

14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME *May Du Forge*

16. BIRTHPLACE (city or town) (State or country) *S.D.*

17. INFORMANT *Thomas G. Nagel*
(Address) *209 N. Chapel St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *12/26/36*

19. UNDERTAKER *John H. Hewig, Sons*
(Address) *1111 N. Holliday St.*

20. FILED *20 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 24* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 21* 19 *36* to *Dec 24* 19 *36*

I last saw her alive on *Dec 24* 19 *36* Death is said to have occurred on the date stated above, at *5:25 P. m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

(over)

Other contributory causes of importance:

Circulatory Failure
Respiratory Failure

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Samuel Wilson* M. D.

(Address) *Sinai Hospital*

F 30408

HEALTH DEPARTMENT—CITY OF BALTIMORE

30408

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wd. Sec. 10-8 St., 137 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Capt. Chas. H. ColeU.S. Veteran
specify WAR(a) Residence: No. 1104 Bonaparte Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, (Married) Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced nee
HUSBAND of Anna L. Cole (Weinreich)
(or) WIFE of6. DATE OF BIRTH (month, day, year) March. 25, 1860.7. AGE 76 Years Months 8 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as a planner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capt. Police Dept.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town), (State or country) va.13. NAME John Cole14. BIRTHPLACE (city or town), (State or country) va.15. MAIDEN NAME unknown16. BIRTHPLACE (city or town), (State or country) va.17. INFORMANT Mrs. Anna L. Cole,
(Address) 1104 Bonaparte Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec. 28/3619. UNDERTAKER Harry F. Witzke
(Address) 4101 Hammondson Ave.

20. FILED

C 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 19 3622. I HEREBY CERTIFY. That I attended deceased from Dec 14, 19 36 to Dec 25, 19 36I last saw h. l. n. alive on Dec 25, 19 36 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy

Date of onset

over

Other contributory causes of importance:

Cardiac failureWas an operation performed? YesDate of 12-20-36For what disease or injury? Prostatic Hypertrophy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wd. Sec. 10-8

(Address)

M. D.

F 30409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30409

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Brighton St. St. 16-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Joan Harlin Hill

If U. S. Veteran specify WAR _____

(a) Residence: No. 3100 Brighton St. St. 16-7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug. 20, 1934.7. AGE 2 Years 4 Months 4 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.13. NAME Harold T. Hill14. BIRTHPLACE (city or town) Indiana (State or country) _____15. MAIDEN NAME Evelyn I. Loose16. BIRTHPLACE (city or town) Baltimore (State or country) Id.17. INFORMANT Mr. Harold T. Hill (Address) 3100 Brighton St.18. BURIAL, CREMATION, OR REMOVAL Dec. 26/36 Place Loudon Pk.19. UNDERTAKER Harry F. Wipf (Address) 4101 Edmondson Ave.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 193622. I HEREBY CERTIFY. That I attended deceased from Dec. 11, 1936 to Dec. 24, 1936I last saw him alive on Dec 24, 1936 Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

Scarlet fever.

Date of onset

12/10/36

Other contributory causes of importance:

Broncho pneumonia

Date of onset

12/21/36Was an operation performed? no Date of _____

For what disease or injury?

Name of operation usual

Date of _____

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) George H. Knipp

M. D.

(Address) 3030 Edmondson Ave.

F 30410

30410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 805 Lake Drive ST. 13-1 WARD)

2. FULL NAME

Andrew Fresh

(a) RESIDENCE NO.

805 Lake Drive

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (to cite the word) |
| <u>Male</u> | <u>White</u> | <u>Widower</u> |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Alice Fresh6 DATE OF BIRTH (month, day, and year) Oct 5-1851

| | | | | |
|-----------|----------|-----------|------|----------------------------------|
| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| <u>85</u> | <u>2</u> | <u>20</u> | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Cement finisher

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Baltimore Md.

10 NAME OF FATHER

John Fresh11 BIRTHPLACE OF FATHER (city or town)
(State or country)Germany

12 MAIDEN NAME OF MOTHER

Katherine Petying13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Germany

14

Informant
(Address)Mrs Laura Karr,
805 Lake Drive

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1936

17

I HEREBY CERTIFY, That I attended deceased from
Dec 18, 1936, to Dec 25, 1936
that I last saw him live on Dec 25, 1936
and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho pneumonia(duration) yrs. mos. 7 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Dec 35

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

Kriders Cemetery Westminster 12/28/36
Joe Jorden & Son 17 S. Race St

26 1936

Registrar

TION is very important. See instructions on back of certificates.

30411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106. W. Lexington St., 48-2 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: 1106. W. Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color (or) Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Julia Thomas

6. DATE OF BIRTH (month, day, year) 12/23/76

7. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commonwealth 10. Date deceased last worked in this occupation (month and year) Oct 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) D.K.

15. MAIDEN NAME Emma Thomas

16. BIRTHPLACE (city or town) (State or country) D.K.

17. INFORMANT Julia Thomas (Address) 1106. W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Dec. 26, 1936

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schaefer St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/36

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 to Dec 23, 1936 I last saw him live on Dec 22, 1936 Death is said to have occurred on the date stated above, at 6:54 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis 12/23/36

Other contributory causes of importance:

Underlying Nephritis and influenza

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Urine there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

No If specify

(Signed) J. T. Hume M.D.

(Address) 322 N. Schaefer St.

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

C-26-1936

30412

✓ F 30412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Killdair Drive St. 27-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Martin Bruder

(a) Residence: No. 2703 Killdair Drive

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29/1936

7. AGE Years Months Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Michael A. Bruder

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (city or town) New Port. News. (State or country)

17. INFORMANT Michael Bruder (Father)

(Address) 2703 Killdair Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 26, 1936

19. UNDERTAKER J. J. Ziller

(Address) 403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1936, to 12/26, 1936.

I last saw him alive on 12/26, 1936. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Natural causes

12/26

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Miller M. D.

(Address) 1501 N. Broadway

26 1936

30413

F 30413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital No. 7* St. *7* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Janet Webster

If U. S. Veteran

specify WAR _____

(a) Residence: No. *602 S Newkirk St.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Aug 15, 1934*7. AGE Years *2* Months *4* Days *10* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

16. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Arthur Webster*14. BIRTHPLACE (city or town) *Montgomery Co. Md.*
(State or country)15. MAIDEN NAME *Minnie Seelover*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Mother*
(Address) *Same*18. BURIAL, CREMATION, OR REMOVAL
Place *Oak Lawn* Date *12/26/36*19. UNDERTAKER *Philip Henry Sons*
(Address) *2016 Orleans*20. FILED *Janet Webster*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 25*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 28*, 19*36*, to *Dec 25*, 19*36*I last saw him alive on *Dec 25*, 19*36*. Death is said to have occurred on the date stated above, at *10:45* a.m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis
Hydrocephalus

Date of onset

*10-20-36**11-15-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation *Lumbar puncture* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signature) *Francis J. Schweitzer* M. D.(Address) *Sydenham Hospital*

OCCUPATION is very important. See instructions on back of certificate.

26 1936

30414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-4 Ward)

Length of residence in city or town where death occurred *life* yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.2. FULL NAME *Augusta Mills*

(a) Residence: No. _____

904 Mc Donough St St.,

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *2/2/18*7. AGE Years Months Days If LESS than
18 *10* *20* 1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation *none*12. BIRTHPLACE (city or town)
(State or country) *md.*13. NAME *Harry Johnson*14. BIRTHPLACE (city or town)
(State or country) *md*15. MAIDEN NAME *Julia Mills*16. BIRTHPLACE (city or town)
(State or country) *md.*17. INFORMANT *Records*
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Mc Donough St* Date *Dec 27*19. UNDERTAKER *Miss P. A. Elliott daughter,*
(Address) *424 N. Carroll St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 22*, 193*6*22. I HEREBY CERTIFY, That I attended deceased from
Dec. 16, 193*6*, to *Dec. 22*, 193*6*I last saw her alive on *Dec. 22*, 193*6*. Death is said
to have occurred on the date stated above, nt. *8:40 P* m.The principal cause of death and related causes of
importance were as follows:*Tuberculous Meningitis*Date of onset
Dec. 4, 1936

Other contributory causes of importance:

Pulmonary & Lymphatic Tuberculosis
Chronic Rheumatic Heart Disease?
1935

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *James H. Haviland*

M. D.

(Address) *Johns Hopkins Hospital*

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

DEC 27 1936

F 30415 HEALTH DEPARTMENT—CITY OF BALTIMORE 30415

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *218 Myrtle Ave* St., *4-2* Ward)Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *218 Myrtle Ave* St., *4-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 23 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *34*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General*
10. Date deceased last worked at this occupation (month and year) *Dec 20 1936*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Lowndes County Georgia*13. NAME *Lemmus Thompson*14. BIRTHPLACE (city or town) (State or country) *South Carolina*15. MAIDEN NAME *Sallie Renice*16. BIRTHPLACE (city or town) (State or country) *South Carolina*17. INFORMANT *William Johnson*
(Address) *218 Myrtle Ave Cousin*18. BURIAL, CREMATION, OR REMOVAL
Place *Columbia South Carolina* Date *Dec 27 1936*19. UNDERTAKER *Elmer O Wilson*
(Address) *1022 Brantley Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 23 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 21 1936* to *Dec 23 1936*I last saw him alive on *Dec 23 1936*. Death is said to have occurred on the date stated above, at *10:25 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

*19**by 2:00*

Other contributory causes of importance:

*Pneumonia**24*
his
*division*Name of operation *none* Date ofWhat test confirmed diagnosis? *clinical findings* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Benjamin Miller* M. D.(Address) *2030 Wilkens Ave*

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 3

DEC 27 1936

F 30416 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210M

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. St. Joseph Hospital. St. 9-9 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McCanney.

If U. S. Veteran
specify WAR

(a) Residence: No. 3801 Market St. Philadelphia, Pa. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 45 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

13. NAME James McCanney.

14. BIRTHPLACE (city or town) Philadelphia, Pa.
(State or country)

15. MAIDEN NAME Sue Cushman.

16. BIRTHPLACE (city or town) Philadelphia, Pa.
(State or country)

17. INFORMANT Stella McCanney. (sister)
(Address) 6114 Oxford St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date 12-28 1936

19. UNDERTAKER Wm J. Tuckers & Sons
(Address) North E. Ave

20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Automobile accident

Date of onset

12/24/36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide Date of injury 12/24 1936

Where did injury occur Kingsville, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Crossing road

Manner of injury Struck by an automobile

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed)

12/26/36 1017 S. Charles St.

M. D.

Croner

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

v s s

F 30417

F 30417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. Barre St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Richard J. Lydon

(a) Residence: No.

1005 W. Barre St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anna Lydon

6. DATE OF BIRTH (month, day, year) July 27, 1893

7. AGE

Years

Months

Days

If LESS than
1 day..... hrs.
or..... min.

43

4

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Driver Taxi Cab

11. Total time (years) spent in this occupation 20 20

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Michael Lydon

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Bridget Kelly

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mary L. Crist

1005 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent's Bldg. Date Dec 28, 1936

19. UNDERTAKER

(Address)

Wm. Cook Paul St

20. REGISTRATION

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry first that said deceased came

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

DEC 27 1936

F 30418

F 30418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. d.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Morris

If U. S. Veteran specify WAR No Record

(a) Residence: No.

1208 Frankintown Rd.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12/1849

7. AGE 87 Years 8 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Morris

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT

(Address) 1208 Frankintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 28 1936

19. UNDERTAKER

(Address) 1217 St Paul St

20. ATTENDING PHYSICIAN

DEC 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Cook

(Address) 1215 Hanover

Coroner M. D.

F 30419

HEALTH DEPARTMENT—CITY OF BALTIMORE

19628

30419

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Viola Margaret Chandler

If U.S. Veteran
specify WAR(a) Residence: No. 1530 N. Patterson Park Ave. St. Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Albert Chandler (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/5/1905

7. AGE Years 31 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as alk. mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 12/20/36 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME August Weide

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Christinia Korn

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto

Date

Dec 29 1936

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

20. FILED

DEC 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1936 to 12-25, 1936

I last saw him alive on 12-25, 1936 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular -
Renal Disease with uraemiaDate of onset
1 yr?

Other contributory causes of importance:

Pyelonephritis

1 yr

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John J. Ramsey
Baltimore City Hospital

✓ F 30420

F 30420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No.

ST.

WARD)

2-FULL NAME

William Koethe

(a) RESIDENCE No.

1317 W. Fayette St

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

27

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No Record

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Aug 31st 1934

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

2

3

24

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Balt.

Md

10 NAME OF FATHER

Wm H. Koethe

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Balt. Md

12 MAIDEN NAME OF MOTHER

Mary Gough

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Thermont Md

PARENTS

14

Informant

(Address)

Wm H. Koethe

1341 Sergeant St

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

12/25/36

17

I HEREBY CERTIFY, That I attended deceased from

12/23/1936, to 12/25/1936

that I last saw him alive on

12/25/1936

and that death occurred, on the date stated above, at

5:15 Am.

The CAUSE OF DEATH* was as follows:

Chemia + Diabetic
Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine + Blood, test

(Signed)

D. P. Battaglia M. D.

19

(Address)

Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

London Park

DATE OF BURIAL

Dec 28th 1936

20 UNDERTAKER

ADDRESS

Wm Cook 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificates.

EC 27 1936

30421 HEALTH DEPARTMENT—CITY OF BALTIMORE 30421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Frederick Ave St. 30-3 Ward)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Maranda Dagler

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 1928 Frederick Ave

(Usual place of abode)

Ward. 30-3

(If non-resident give city or town and State)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, Divorced (write the word) Widowed

5a. ~~Married~~ widowed, divorced, or separated Married (or) WIFE of Frederick Dagler

6. DATE OF BIRTH (month, day, year) Jan 29th 1850

7. AGE Years 86 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Honorary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Elkridge Md (State or country)

13. NAME Isaiah Watts

14. BIRTHPLACE (city or town) Elkridge Md (State or country)

15. MAIDEN NAME Ruth Watts

16. BIRTHPLACE (city or town) Elkridge Md (State or country)

17. INFORMANT Frederick W. Dagler (Address) 1928 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Elkridge Md Date Dec 29th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1936

22. I HEREBY CERTIFY That I attended deceased from Sept. 5 1936 to Dec. 25 1936

I last saw her alive on Dec. 25 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
myocarditis

Date of onset

Other contributory causes of importance:

acute Cardiac
Dilatation

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. J. L. Litten M. D.

(Address) 1304 E. Chase

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Abell Ave St. 17-2 Ward)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Laura Elliott

Registered No. 82-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 3034 Abell Ave

(Usual place of abode)

Ward. 17-2

If U.S. Veteran specify WAR

No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Wm T. Elliott

6. DATE OF BIRTH (month, day, year) Aug 16 1852

7. AGE Years 84 Months 4 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Queen Anne's Co Md
(State or country)

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) Queen Anne's Co Md
(State or country)

15. MAIDEN NAME V. Primrose

16. BIRTHPLACE (city or town) Queen Anne's Co Md
(State or country)

17. INFORMANT Mrs Walter Smith
(Address) 3034 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL Place Centreville Md Date Dec 28 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Dec 24 1936

I last saw her alive on Dec 24 1936. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

asthenocardia
Arterial Hemorrhage

Date of onset

Dec 19 36

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank D. Virgilio

M. D.

(Address)

213 S. Connelley St.

OCCUPATION is very important. See instructions on back of certificate.

C 27 1936

30423

✓ F 30423 78755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

B.C.H.

St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Mullendore

If U.S. Veteran, specify WAR No Record

(a) Residence: No. 4608 Liberty Heights Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of Margaret M Mullendore (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1903.

7. AGE Years Months Days If LESS than 1 day. hrs. or min.
33 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 9. Industry or business in which work was done, as silk, saw mill, bank, etc. General Motors Co 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Jacob N. Mullendore

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Bessie Jackson

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Pl. Rahrerwith Md Date Dec 27 1936

19. UNDERTAKER Wm Cook 1217 St Paul St (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936 to Dec. 25, 1936

I last saw him alive on Dec. 25, 1936 8:30 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the Lung

Day of week July 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Yes. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. Howell M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1936

F 30424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30424

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722.W.Lexington St. 46-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNE LAIKUS Leikus

If U. S. Veteran specify WAR.

(a) Residence: No. 722.W.Lexington

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Peter Laikus Leikus (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1894

7. AGE 42 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithunia (State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) Lithunia (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Lithunia (State or country)

17. INFORMANT Peter Laikus Leikus (Address) 661 Portland.St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 28, 1936

19. UNDERTAKER John Grebliauskas, J.G. (Address) 423 So. Paer. Street.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936 to Dec. 24, 1936

I last saw her alive on Dec. 24, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John A. Buchner 375. Sticker St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

FILED
27 1936

30425

F 30425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. West Baltimore General Hospital.

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Thomas Wallace Parrish.

(a) Residence: No. 5106 Weathersville Rd. Hillsdale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 16, 1917

7. AGE Years Months Days If LESS than
1 day, hrs.
19 10 8 or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Painter

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Thomas E. Parrish.

14. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

15. MAIDEN NAME Catherine Wallace.

16. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

17. INFORMANT Thomas E. Parrish. (father)
(Address) 5106 Weathersville Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem.

Date Dec. 28, 1936

19. UNDERTAKER

(Address)

1005 W. Baltimore St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came
(Inquest, Autopsy or Inquiry)

to his death on the day stated above.
The principal cause of death and related causes of
importance were as follows:

Date of onset

Fracture of the skull
Automobile accident

12/24/36

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: inquest Was there an autopsy No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident 12/24/36

Accident, suicide, or homicide Date of injury 19.

Where did injury occur? Hillsdale Rd. & Forest Hill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place Walking on Hillsdale Rd.

Manner of injury Struck by an automobile

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

12/26/36

1017 S. Charles St.

M. D.

Coroner

STATE CAUSE OF DEATH IN PRINTER'S HANDS. See instructions on back of certificate.

EC 27 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Lin Hoop*

CITY OF BALTIMORE: (No. *6-4*)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME *Malhe Berger*

(a) Residence: No. *1820 E. Baltimore St.*

St., *Ward.*

Registered No. *53-a*

(If death occurred in a hospital or institution, give its NAME instead of *53-a* and number.)

W.D.A. Yarns

W.D.A. Yarns

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or <i>Widowed</i> |
| 3a. If married, widowed, or divorced HUSBAND or (or) WIFE <i>Samuel Berger</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>45</i> | | |
| 7. AGE <i>45</i> | Years <i>45</i> | Months <i>45</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation <i>40</i> |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) <i>Russia</i> |
| 13. NAME <i>Samuel Goldfarb</i> |
| 14. BIRTHPLACE (city or town) (State or country) <i>Russia</i> |
| 15. MAIDEN NAME <i>Ida Reisman</i> |
| 16. BIRTHPLACE (city or town) (State or country) <i>Russia</i> |
| 17. INFORMANT <i>Hospital</i> |
| 18. BURIAL, CREMATION, OR REMOVAL <i>12-27-36</i> |
| 19. UNDERTAKER <i>Jack ...</i> |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/26/36* 19 *36*

22. I HEREBY CERTIFY, That I attended/deceased from *Sept 16* 19 *36* to *Dec 26* 19 *36*

I last saw her alive on *12/26/36* 19 *36* Death is said to have occurred on the date stated above, at *11:45 P.m.*

The principal cause of death and related causes of importance were as follows:

Hypernephroma of Kidney with metastases to lungs vertebra & other parts.

Date of onset

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

C 27 1938

Udell

30427

HEALTH DEPARTMENT—CITY OF BALTIMORE

30427

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Palmer Ave Ward 17)Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If foreign birth 13 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4800 Palmer Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marcus Udell</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>1876</u> | | |
| 7. AGE | Years <u>60</u> | Months Days If LESS than 1 day, hrs. or min. |

| | |
|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u> |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

| | |
|--|---------------|
| 12. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |
|--|---------------|

| | |
|----------|----------------------|
| 13. NAME | <u>Solomon Stein</u> |
|----------|----------------------|

| | |
|--|---------------|
| 14. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |
|--|---------------|

| | |
|-----------------|---------------|
| 15. MAIDEN NAME | <u>Fannah</u> |
|-----------------|---------------|

| | |
|--|---------------|
| 16. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |
|--|---------------|

| | |
|-------------------------|---|
| 17. INFORMANT (Address) | <u>Marcus Udell</u> <u>4800 Palmer Ave</u> |
|-------------------------|---|

| | |
|-----------------------------------|-----------------|
| 18. BURIAL, CREMATION, OR REMOVAL | <u>Reburied</u> |
|-----------------------------------|-----------------|

| | |
|--------------------------|------------------------|
| 19. UNDERTAKER (Address) | <u>1437 E. 1st St.</u> |
|--------------------------|------------------------|

| | |
|-----------|-------------------|
| 20. FILED | <u>EC 27 1936</u> |
|-----------|-------------------|

MEDICAL CERTIFICATE OF DEATH

| | |
|--|-----------------------------|
| 21. DATE OF DEATH (month, day, year) | <u>12/26</u> , 19 <u>36</u> |
| I HEREBY CERTIFY, That I attended deceased from <u>Dec 19 1936</u> to <u>Dec 26 1936</u> | |
| I last saw him alive on | <u>Dec 26 1936</u> |
| Death is said to have occurred on the date stated above, at <u>3 P.M.</u> | |

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 340
Myocardial Degeneration 340

Other contributory causes of importance:

Acute Cardiac 10
Dehydration

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date ofWhat test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Eugene H. Hagedorn M. D.(Address) 200 W. Lafayette Ave

F 30428

✓ F 30428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 W. Read St. St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Alice Johnson

If U. S. Veteran

specify WAR

(a) Residence: No.

223 W. Read St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Johnson

6. DATE OF BIRTH (month, day, year)

1878

7. AGE

Years

Months

Days

If LESS than 1 day, 0 hrs. or 0 min.58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

pa

13. NAME

James Randall

14. BIRTHPLACE (city or town) (State or country)

pa

15. MAIDEN NAME

Effie Woods

16. BIRTHPLACE (city or town) (State or country)

va

17. INFORMANT

(Address) 223 W. Read St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/28/1936

19. UNDERTAKER

(Address) Mrs. Frances A. Hemmley
578 W. Biddle St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/36 1922. I HEREBY CERTIFY, That I attended deceased from: Nov. 15/36 1936 to Dec. 23, 1936I last saw her alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

6 mos.

Other contributory causes of importance

Chronic Bronchitis6 wks.Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Harry Kate

M. D.

(Address)

523 Scott St.

STATE CAUSE OF DEATH IN plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

EC 27 1936

F 30429

F 30429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1258 Homestead St., 9-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E. Bernadt

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 1258 Homestead

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
husband (or) WIFE of Charles W. Bernadt

6. DATE OF BIRTH (month, day, year) Nov. 10, 1868

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 68 | 11 | 14 | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Housework |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Lock

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August H. Bernadt
(Address) 3913 Pinkney Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 21, 1936

19. UNDERTAKER Mrs. John W. Geipel & Son
(Address) 801 W. Fayette St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 12/23/1936

Where did injury occur? 1258 Homestead St. Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tripped over an electric wire

Nature of injury or fell down cellar steps

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker

(Address) 1919 E. North Ave.

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

EC 27 1936

F 30430

F 30430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Henneman Ave. ST. 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Mary A. Pitman

(a) RESIDENCE NO.

2214 Henneman Ave ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|-----------------|---|
| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
| Female | White | Married |

5a If married, widowed, or divorced

The widow of -

(or) WIFE of William N. Pitman

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1882

| | | | | |
|-------|-------|--------|------|----------------------------------|
| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 54 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER John J Hladky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Bohemia

12 MAIDEN NAME OF MOTHER Anna Pourzek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Bohemia

14

Informant Mr Wm. N. Pitman

(Address) 2214 Henneman Ave

15

EC 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24th - 36

17

I HEREBY CERTIFY, That I attended deceased from

Dec. 14, 1936, to Dec. 24, 1936.

that I last saw her alive on Dec. 24, 1936.

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Acute Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Holy Redeemer Cemetery 12-28-1936

20 UNDERTAKER

Milton Schilling 1122 E Monument Street

30431

F 30431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltic City Hos.* St. *15-1* Ward)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1526 N. Carey* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *X*6. DATE OF BIRTH (month, day, year) *Jan 25 1910*7. AGE Years *26* Months *11* Days *—* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt Md.*13. NAME *Albert L.*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Martin Robinson*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Mr. Martin Saunders*(Address) *1526 N. Carey St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Arbutus Cem.* Date *Dec 28, 1936*19. UNDERTAKER *Thomas E. Nelson*(Address) *1200 Pennsylvania St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 25, 1936*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

gangrenous septicum & toxic abdominal wall

Other contributory causes of importance:

no heart

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. M. Wright*(Address) *1010 S. Ellwood Ave*

Coroner

M. D.

EC 27 1936

F 30432

✓ F 30432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 14-1* Ward)Length of residence in city or town where death occurred *29* yrs. *29* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Dyer

(a) Residence: No.

Elkridge Md

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced write the word *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lottie Dyer*6. DATE OF BIRTH (month, day, year) *July 24 1896*7. AGE Years *40* Months *4* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Charles Co. Md*13. NAME *Grandson Dyer*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Susan Watts*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Walter Watts* (Address) *1310 Stevenson St*18. BURIAL, CREMATION, OR REMOVAL Place *St. Peter's* Date *Dec 28 1936*19. UNDERTAKER *Thomas E. Nelson* (Address) *1305 Pennsylvania*20. FILED *1936* 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-23 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by *inquest* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Fracture lower vertebrae
Probably Concussion of Skull*

Other contributory causes of importance:

Was an operation performed? *none* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *History* Was there an autopsy *no*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *11-25 1936*

Accident, suicide, or homicide

Where did injury occur? *Elkridge, Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fell off railroad track*Nature of injury *Fractured vertebrae*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George S. Allen M. D.

(Address)

550 P. Chesnut St

OCCUPATION is very important. See instructions on back of certificate.

V 50

EG 27 1036

30433

F 30433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 What ever St. 16-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

D. elores B. Matthews

(a) Residence: No. 1012 What ever St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced S5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 17-19317. AGE Years 4 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME unk14. BIRTHPLACE (city or town) unk
(State or country)15. MAIDEN NAME Margaret Mathews16. BIRTHPLACE (city or town) unk
(State or country)17. INFORMANT Mary Mathews
(Address) 627 Sewell St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 28 193119. UNDERTAKER Thomas C. Mathews
(Address) 202 Broadway

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 193122. I HEREBY CERTIFY, That I took charge of the remains described above, here inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

12/14/31

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation unk Date of unkWhat test confirmed diagnosis? unk Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury unk, 19unk

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1350 N. Calhoun St. 15-1 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Rachael Lemming S.

Registered No. 91-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1350 N. Calhoun St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Lemming S.

6. DATE OF BIRTH (month, day, year) July 11, 1883

7. AGE Years 53 Months 5 Days 13 LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) OK

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town, State or country) Baltimore, Maryland

13. NAME Charles J. Gellers

14. BIRTHPLACE (city or town, State or country) Baltimore, Maryland

15. MAIDEN NAME Sallie

16. BIRTHPLACE (city or town, State or country) Baltimore, Maryland

17. INFORMANT Sophia Lemming
(Address) 1350 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place 2000 Con Date Dec 24, 1936

19. UNDERTAKER Thomas E. Nelson
(Address) 505 Chestnut St.

20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/36

22. I HEREBY CERTIFY That I attended deceased from Nov. 26 to Dec 24

I last saw her alive on Dec 24 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset 12/24/36

Other contributory causes of importance:

Septic infection from pyorrhea

Was an operation performed? No Date of None

For what disease or injury?

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. L. Gurnea M. D.

(Address) 522 N. Arlington

OCCUPATION is very important. See instructions on back of certificate.

30435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Patterson Pl. Ave. St. 6-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Francis Huppmann(a) Residence: No. 405 N. Patterson Pl. Ave. St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or WIFE of)Mary C. Huppmann

6. DATE OF BIRTH (month, day, year)

Aug 13 - 1874

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.62412

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME Francis X. Huppmann

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Bier

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address) Joseph Huppmann
405 N. Patterson Pl. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Catholic Cemetery Dec 28 - 1936

19. UNDERTAKER

(Address) Joe J. O'Brien & Son
156 N. E. E. North Ave.20. FILED 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described

above, held an inquiry thereon and from the evidence (Inquest, autopsy or inquiry)obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
Hypertension

Other contributory causes of importance:

Cerebral apoplexy.Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheubar(Address) 1918 E. North Ave.

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly certified. See instructions on back of certificate.

56

C

M. D. B. 1268-9
F 30436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Argyle Ave. 14-2 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Louis Foulkes(a) Residence: No. 1621 Madison Ave St., 14-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran no
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>col</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 3a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Norla Foulkes</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>8-9-1890</u> | | |
| 7. AGE <u>46</u> | Years <u>4</u> | Months <u>16</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> | | If LESS than 1 day, <u>hrs.</u> or <u>min.</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Copper mill</u> | | 11. Total time (years) spent in this occupation <u>2 yrs</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>12-24-36</u> | | |

12. BIRTHPLACE (city or town) Creve
(State or country) va13. NAME Ned Foulkes
14. BIRTHPLACE (city or town) Creve
(State or country) va15. MAIDEN NAME Barthonia Williams
16. BIRTHPLACE (city or town) Creve
(State or country) va17. INFORMANT Norella Foulkes Wife
(Address) 1621 Madison Ave18. BURIAL, CREMATION, OR REMOVAL
Place Creve va Date 12-28 193619. UNDERTAKER Chas. S. Cooper
(Address) 5140 Calhoun St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

12/25/36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____

(Signed) George T. Allen M. D.(Address) 507 Argyle St.

OCCUPATION is very important. See instructions on back of certificate.

C 27 1936

F 30437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30437

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Wm. H. Roberts(a) Residence: No. 439 N. Linwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|----------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|--------------------|----------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Delma Roberts
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-17-1875

| | | | | |
|---------------------|-------------------|--------------------|------------------|--|
| 7. AGE <u>61</u> | Years <u>5</u> | Months <u>9</u> | Days <u>9</u> | If LESS than 1 day, <u> </u> hrs. or <u> </u> min. |
|---------------------|-------------------|--------------------|------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Geo. Roberts14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Catherine Peacock16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Dec 28 193619. UNDERTAKER Harry F. Annas
(Address) 4204 Ridgewood Ave20. FILED EC. 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-193622. I HEREBY CERTIFY That I attended/deceased from 4-7 1936 to 12-26 1936I last saw him alive on 12-26 1936 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset
12-25-36

Other contributory causes of importance:

Hypertensive Cardio-vascular and Renal DiseaseWas an operation performed? NO Date of For what disease or injury? Name of operation What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) John F. Ramsey M.D.(Address) Baltimore City Hospital

F D 80438

F 30438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Sherwood Ave. St. 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2401 Sherwood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1878

7. AGE Years Months Days If LESS than 1 day. hrs. or min.

58 0 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME David Scheller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Feuk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Scheller

(Address) 2401 Sherwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Cem. Date Dec 28, 1936

19. UNDERTAKER John H. Valentini

(Address) 2326 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Scheller M. D.

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

FILED 1936

1936 Registrar

F 30439 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 25-3 Ward Ward)
Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life time yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James S. Sansbury

If U. S. Veteran specify WAR SAN

(a) Residence: No. 8403 Annapolis Rd. Eastport St. Ward (Usual place of abode) Baltimore, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Strib Sansbury

6. DATE OF BIRTH (month, day, year) April 4, 1876

7. AGE Years 60 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head janitor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dent. of Education 10. Date deceased last worked at this occupation (month and year) Dec. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER 13. NAME John Sansbury

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER 15. MAIDEN NAME Dorothy Markman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Ave Date Dec 25 36

19. UNDERTAKER

(Address) 4602 18th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1936 to December 24, 1936

I last saw him alive on December 24, 1936 Death is said to have occurred on the date stated above, at 5:15a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Arteriosclerosis, general

Date of onset

3 wks

Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. W. Anderson M. D.

(Address) U.S. Marine Hospital

Baltimore, Md.

State CAUSE OF DEATH in plain terms so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 27 1936

F 30440 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30440

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 8-3 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Hofmann

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Spanish Amer.
U. S. Veteran specify WAR

(a) Residence: No. 1038 N. Milton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Hofmann Hibline

6. DATE OF BIRTH (month, day, year) 1-16-1871

7. AGE 65 Years 11 Months 9 Days If LESS than 1 day XXXXX or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Andrew Hofmann

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 12/29/36

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19-1936 to 12-25-1936

I last saw him alive on 12-25-1936 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal Disease

Date of onset

1 mo

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

John F. Ramsey M. D.
Baltimore City Hospital

CAUSE OF DEATH IN PLAIN TERMS, or that in plain terms, See instructions on back of certificate. OCCUPATION is very important.

DEC 27 1936

F 30441

F 30441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *9-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Julius C. Weinberger

If U.S. Veteran

specify WAR *No*(a) Residence: No. *1212 E. Lafayette Ave* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Louisa E. (Schmuck)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *3-9-1880*7. AGE *56* Years *9* Months *16* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Prop.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bakery*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Bachmel*13. NAME *John Weinberger*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Margaret ?*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Carl J. Weinberger* (Address) *2717 Kildare St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mount Carmel* Date *12/28/36*19. UNDERTAKER *George J. Ruth* (Address) *1215 Harper St. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/25/36*, 1922. I HEREBY CERTIFY, That I attended deceased from *11-27-36*, 1936, to *12-25-36*, 19I last saw him alive on *12-25-36*, 19 Death is said to have occurred on the date stated above, at *9 A.* m.

The principal cause of death and related causes of importance were as follows:

Gastroenteritis

Date of onset

11-14-36

Other contributory causes of importance:

*? Peptic ulcer
? Ca of stomach*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

P. W. Spear M. D.
Sinai Hospital

(Address)

state cause of death in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

C 27 1936

St. Vincent Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 30442

F 30442

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036-N. Gay Street St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Palmieri

(a) Residence: No. 1036-N. Gay Street St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Santa (DiDomenico) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27, 1875

7. AGE 61 Years Months Days 29 If LESS than 1 MAX 25 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME Vincent Palmieri

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Mary Jannella

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Santa Palmieri (Address) 1036-N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer 12/28/36

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Bayford Ave.

20. FILED 27 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1936 to December 26, 1936

I last saw him alive on December 26, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis 97 Date of onset Unknown
Myocarditis 93-91 Unknown
Nephritis 1312 Unknown

Other contributory causes of importance:

Acute Myocardial Failure 1312 1 day

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philibert Artigiani M. D. (Address) 2942 West Fayette Street

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sanis Hospital* St. *18-1* Ward)Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *4* yrs. *0* mos. *0* ds.2. FULL NAME *Mr. H. E. Kilbuck*

If U.S. Veteran

specify WAR

(a) Residence: No. *102 N. Fremont Ave.* St., *18-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Late Herman* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1855*7. AGE Years *81* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Wolf & Paul*
14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Hannah*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mr. Kilbuck Son* (Address) *102 N. Fremont Ave.*18. BURIAL, CREMATION, OR REMOVAL *Helen Roseale* Place *St. 67* Date *Dec 27, 1936*19. UNDERTAKER *J. L. Swinson & Bros* (Address) *1127 E. Baltimore St.*20. FILED *EC 27 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-25-36*, 1922. I HEREBY CERTIFY, That I attended deceased from *12-14-36*, 19, to *12-25-36*, 19I last saw him alive on *12-25-36*, 19. Death is said to have occurred on the date stated above, at *934* m.

The principal cause of death and related causes of importance were as follows:

*Heart failure*Date of onset *Nov 36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Alfred S. Schuman* M. D.(Address) *Sanis Hospital*

2340
30444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30444

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Spring Hill Ave. St., 15-12 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Fannie GoldsmithRegistered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 2906 Spring HillSt., 15-12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u> |
| 6a. If married, widowed, or divorced <u>late Harry</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>1879</u> | | |
| 7. AGE <u>57</u> | Years <u>0</u> | Months <u>0</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>House wife</u> | | Days <u>0</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | If LESS than 1 day, hrs. or min. |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

| | |
|---|---------------|
| 12. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |
| 13. NAME <u>Moses Frahm</u> | |
| 14. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |
| 15. MAIDEN NAME <u>Mollie Personastky</u> | |
| 16. BIRTHPLACE (city or town) (State or country) | <u>Russia</u> |

| | |
|--|---|
| 17. INFORMANT (Address) | <u>Louis Goldsmith</u> <u>1711 Linden Ave</u> |
| 18. BURIAL, CREMATION, OR REMOVAL Place | <u>Rosedale Cemetery</u> Date <u>Dec 27, 1936</u> |
| 19. UNDERTAKER (Address) | <u>Edwinson & Bro</u> <u>1227 E Baltimore St</u> |

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 193622. I HEREBY CERTIFY, That attended deceased from Dec 24, 1936 to Dec 26, 1936I last saw her alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 10:45 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiac
Diabetes mellitus

Other contributory cause of importance:

Diabetic Coma

Date of onset

8724 hoursWas an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis? —

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

A. A. Swanson
2340 Entaw Place

M. D.

STATE CAUSE OF DEATH in plain terms, so that it may be properly examined. See instructions on back of certificate.

EC 27 1936

F 30445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital).

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Ferrin.

If U. S. Veteran specify WAR

(a) Residence: No. 1430 Andre St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

6a. If married, with HUSBAND of ~~XXXXXX~~ Lillian Ferrin.

6. DATE OF BIRTH (month, day, year) August 16, 1896

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 40 | 4 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car inspector, 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mexican Petroleum 008

10. Date deceased last worked at this occupation (month, day, year) 12/23/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York, N.Y. (State or country)

13. NAME Edward Ferrin.

14. BIRTHPLACE (city or town) New York, N.Y. (State or country)

15. MAIDEN NAME Susan Mahurter.

16. BIRTHPLACE (city or town) Newberry, N.Y. (State or country)

17. INFORMANT Lillian Ferrin. (wife) (Address) 1430 Andre St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pl. City Date 12/28, 1936

19. UNDERTAKER Margaret G. Flynn (Address) 2107 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, scalds about body by escaping steam and struck by pipe line. 12/23/36

Date of onset

Other contributory causes of importance:

Traumatic pneumonia.

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide Date of Injury 12/23, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

place

Manner of injury Struck by pipe line

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes.

If so, specify.

(Signed)

12/26/36 1017 S. Charles St. Coroner

M. D.

DEC 27 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.D. 30446

F 30446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Puget St. 25-3 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2405 Puget St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Smith6. DATE OF BIRTH (month, day, year) 6/8/18657. AGE Years 71 Months 6 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME James Smith14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Susan16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Janette Smith
(Address) 2405 Puget St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date 12-21-193619. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Chesapeake St.20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/193622. I HEREBY CERTIFY, That I attended deceased from 12/18/1936 to 12/23/1936I last saw him alive on 12/22/1936. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 10/1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. B. Taylor M. D.
(Address) 1600 W. Laurel St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

30447⁵¹
3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

JOHNS HOPKINS HOSPITAL

10-2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Anna Mary Smith*(a) Residence: No. *707 N. Eden St.* St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <i>female</i> | 4. Color or Race <i>black</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>single</i> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <i>8/6/28</i> | | |
| 7. AGE | Years <i>8</i> | Months <i>4</i> |
| | Days <i>17</i> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <i>md</i> |
| | 13. NAME <i>Robt H. Smith</i> |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) <i>Va</i> |
| | 15. MAIDEN NAME <i>Anna Baskerville</i> |
| | 16. BIRTHPLACE (city or town) (State or country) <i>Va</i> |

17. INFORMANT *Records*
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Calvary* Date *Dec.* 19 *27*19. UNDERTAKER *Edw. Bryan*
(Address) *Orleans St. 1241*20. FILED *27 1936*

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (month, day, year) <i>Dec 23 1936</i> |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>Dec 7 1936</i> to <i>Dec 23 1936</i> |
| I last saw him alive on <i>Dec 23 1936</i> Death is said to have occurred on the date stated above, at <i>2 p.m.</i> |
| The principal cause of death and related causes of importance were as follows: |

Tuberculous meningitis

Date of onset

12-3-36

Other contributory causes of importance:

Was an operation performed? *no*

Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *No organisms grown as yet*Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *H. Shwachman*

M. D.

(Address) *Johns Hopkins Hospital*

F 30448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30448

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 178 Collins Ave. St. 20-8) Ward.

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 178 Collins Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver M. Legg | | |
| 6. DATE OF BIRTH (month, day, year) Dec 3 - 1873 | | |
| 7. AGE 63 | Years — | Months — |
| | Days 23 | If LESS than 1 day, hrs. or min. |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor and |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 20 |

12. BIRTHPLACE (city or town) (State or country) Chester town Md

FATHER 13. NAME James K. Legg Md
14. BIRTHPLACE (city or town) (State or country)MOTHER 15. MAIDEN NAME Mollie Holden
16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Mrs. Oliver M. Legg
(Address) 178 Collins Ave18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Dec. 28, 193619. UNDERTAKER George L. Schwaab
(Address) 2181 Frederick Ave.20. FILED
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932, to December 26, 1936.

I last saw him alive on December 23, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | |
|-------------------------------|-----------------------|
| Cardio-Vascular Renal Disease | Date of onset 1931 |
| Coronary Embolism | Jan 15, 1932 |
| Myocardial Insufficiency | Dec 18, 1936 |

Other contributory causes of importance:

Cholelithiasis acute April 4, 1936

Name of operation Cholelithotomy Date of 7/15/36

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 E. Mount Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)Length of residence in city or town where death occurred: 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 222 S. Caroline St., 174 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Maria Hopewell
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 19 19097. AGE Years 27 Months 7 Days 24 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable Splicer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) St Mary County
(State or country)13. NAME William Hopewell14. BIRTHPLACE (city or town) St Mary County
(State or country)15. MAIDEN NAME Mary Solson16. BIRTHPLACE (city or town) St Marys County
(State or country)17. INFORMANT Maria Hopewell
(Address) 1515 E Pratt St.18. BURIAL, CREMATION, OR REMOVAL
Place Not known Date 12/20/3619. UNDERTAKER Mendell J. Edwards
(Address) 1005 S. E. Pratt St.20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-3622. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest & autopsy and from the evidence obtained by inquest & autopsy that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Puncture wound of Chest involving Aorta

Date of onset

12/20/36

Other contributory causes of importance:

Was an operation performed no Date of noFor what disease or injury? noName of operation no Date of noWhat test confirmed Autopsy Was there an autopsy yes23. If death was due to external cause (violence) fill in also the following: homicide Date of injury 12-20-36Accident, suicide, or homicide homicideWhere did injury occur Barter's Hotel
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Barter's Hotel 1536 E Pratt St.Manner Scalp wound of chestNature of injury involving Aorta

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Allen M. D.
(Address) 307 Chesapeake St.

State CAUSE OF DEATH in plain terms, so that it can be read by anyone. See instructions on back of certificate. OCCUPATION is very important.

F 30450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 30450

149-B-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. *Residence 2014. Greenmount ave 42-4* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Irene Donohue

(a) RESIDENCE NO.

Franklin Square Hosp. ST. WARD

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Frank Donohue*6 DATE OF BIRTH (month, day, and year) *Sept 30. 1909.*

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

28

2

28

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

H.W.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Baltimore*

10 NAME OF FATHER

John. Hunkalman

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Baltimore Ind.

12 MAIDEN NAME OF MOTHER

Carrie Hays

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore Ind.

14

Informant

(Address)

*Carolyn Hunkalman**409. N. Belvidere ave*

15

Filed

19

1910

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *12/24/36.*

17

I HEREBY CERTIFY, That I attended deceased from

12/24/1936, to *12/24/1936*

that I last saw her alive on

*12/24/1936*and that death occurred, on the date stated above, at *1:55 P. m.*

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)*Operative Forceps delivery*

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? *yes* Date of *12/24/36.*Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

William A. Lurie M. D.

19

(Address)

Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Most Holy Redeemer *Dec 29 1936*

20 UNDERTAKER

ADDRESS

Wendell Lippert *1465 North Ave*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 27 1936

F 30451 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *907 Woodbourne ave* St., *27-10* Ward)Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *907 Woodbourne ave* St., *27-10* Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 10 1876*7. AGE Years *60* Months *10* Days *15* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bus. Mgt. & Pullman Car Co*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *12/28/36*
10. Date deceased last worked at this occupation (month and year) *12/28/36*
11. Total time (years) spent in this occupation *40 yrs*12. BIRTHPLACE (city or town) *Penn.*
(State or country)13. NAME *Samuel M. McHaff*14. BIRTHPLACE (city or town) *Penn.*
(State or country)15. MAIDEN NAME *Isabelle Corston*16. BIRTHPLACE (city or town) *Penn.*
(State or country)17. INFORMANT *Mrs. Samuel M. McHaff*
(Address) *907 Woodbourne ave*18. BURIAL, CREMATION, OR REMOVAL
Place *12/28/36 Loudon Park*19. UNDERTAKER *John A. Moran*
(Address) *300 E. 13th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 25 36*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 8 36* to *Dec. 25 36*I last saw him alive on *Dec. 25 36* Death is said to have occurred on the date stated above, at *11 37* m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Lobar Pneumonia

Date of onset

Dec. 23, 36

Other contributory causes of importance:

*Diabetes**See you ago.*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Mark F. Benson* M. D.(Address) *5111 York Rd.*

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified.

DEC 27 1936

19____

Registrar

F 30452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30452

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Jackson St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George G. HoffmanIf U.S. Veteran
specify WAR(a) Residence: No. 1719 Jackson St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Georgiana Gurne
(or) WIFE of6. DATE OF BIRTH (month, day, year) May - 11 - 18787. AGE 58 Years 7 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME John Hoffman14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Elyzabeth Robinson16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT George G. Hoffman(Address) 1719 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Leonard J. Byrd(Address) 3305 Thimble Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 8, 1936 to Dec. 25, 1936I last saw him alive on Dec. 25, 1936 Death is saidto have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary Thrombosis

Date of onset

7-8-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) A. C. Gollod

M. D.

(Address) 207 E. Fort Ave

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 27 1936

F 30453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 Clifton St. 15th Ward)

Length of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1929 Clifton St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veteran? No Record specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Saulley

6. DATE OF BIRTH (month, day, year) Aug. 1 1909

7. AGE 67 Years 4 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taken 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Stadium 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Ind

13. NAME Joseph Saulley

14. BIRTHPLACE (city or town) Baltimore (State or country) Ind

15. MAIDEN NAME Mary Brewer

16. BIRTHPLACE (city or town) New York City (State or country)

17. INFORMANT Mrs. Theresa T. Saulley (Address) 1929 Clifton St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 30 1936

19. UNDERTAKER W. C. Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 9:30 am

The principal cause of death and related causes of importance were as follows: Date of onset

Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Cook Coroner M. D.

(Address) 1217 St Paul St

Information should be carefully supplied. AGE, SEX, RACE, PLACE OF BIRTH, PLACE OF DEATH, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

F 30454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. **9-6** St., **9-6** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **7** yrs. **7** mos. **7** ds. How long in U. S. If of foreign birth? **7** yrs. **7** mos. **7** ds.2. FULL NAME **Thomas Nelson**(a) Residence: No. **1 & 20 E. Babbler St.** Ward. **No Record**
(Usual place of abode) **32nd** (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**3a. If married, widowed, or divorced **HUSBAND of**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **10/11/36**7. AGE Years **2 Mo** Months **16 Days** Days **16** If LESS than 1 day, hrs. **16** or min. **16**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **None**10. Date deceased last worked at this occupation (month and year) **X**11. Total time (years) spent in this occupation **X**12. BIRTHPLACE (city or town) **Ind -**
(State or country)13. NAME **J. Raymond Nelson**14. BIRTHPLACE (city or town) **Va -**
(State or country)15. MAIDEN NAME **E Elizabeth Turnley**16. BIRTHPLACE (city or town) **Va -**
(State or country)17. INFORMANT **Records -**(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL

Place **David Ridge** Date **Dec 29 1936**19. UNDERTAKER **Wm Cook**(Address) **127 St Paul st**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec 27, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 30, 1936** to **Dec. 27, 1936**I last saw him alive on **Dec 27, 1936** Death is said to have occurred on the date stated above, at **10:20** m.

The principal cause of death and related causes of importance were as follows:

Pertussis about **11-20**
Pneumonic secondary broncho- about **11-28**Date of onset **11-20**

Other contributory causes of importance:

Was an operation performed? **No**

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury **19**

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Lysia B Edwards** M. D.(Address) **127 St Paul st**

EC 28 1936

M. D. B 1263
F 30455

F 30455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 16-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Milbert Hurley Jr.

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1704 N. Mohr St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X6. DATE OF BIRTH (month, day, year) May 5 19367. AGE Years 3 Months 7 Days 20 If LESS than 1 day, ____ hrs. or ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore (State or country) MarylandFATHER 13. NAME Milbert 14. BIRTHPLACE (city or town) Cabot Co (State or country) MarylandMOTHER 15. MAIDEN NAME Ella Mae Roane 16. BIRTHPLACE (city or town) Beth (State or country) md.17. INFORMANT Mrs. Ella Hurley (Address) 1704 N. Mohr St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 28 193619. UNDERTAKER Joseph A. Lively (Address) 409 N. Second Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said _____ find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. M. Wright Coroner

M. D.

(Address) 10105 Elmwood Ave

Information shown on back of certificate. See instructions on back of certificate.

C 28 1936

F 30456

8898

F 30456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City HospitalSt. 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Roland Fitzhugh

If U.S. Veteran

specify WAR _____

(a) Residence: No. 6 W. Henrietta St.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Myrtle
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-23-18917. AGE Years Months Days If LESS than 1 day, hrs. or min.
45 10 ✓8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME James14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Emma Conden16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Hill Date Dec 29, 193619. UNDERTAKER John J. Denny
(Address) 755 E. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

August 27, 1936 to December 25, 1936I last saw him alive on December 25, 1936. Death is saidto have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungsDate of onset Jan, 1936

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 28 1936

John J. Denny
755 E. 1st St.
Registrar

F 30457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital* St. *23-2* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *2* mos. *17* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Phoebus
(a) Residence: No. *24 E. Hamburg* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Oct 17, 1936*

7. AGE Years _____ Months *2* Days *7* If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *Bryan Phoebus*

14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Phoebe Richardson*

16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Mrs. Phoebe Phoebus* (Address) *24 E. Hamburg St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Protestant Burial* Date *Dec. 28, 1936*

19. UNDERTAKER *John J. Henry* (Address) *715 Light St.*

20. FILED *St. Agnes Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 24*, 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 22*, 19 *36* to *Dec. 24*, 19 *36*
I last saw him alive on *Dec. 24*, 19 *36* Death is said to have occurred on the date stated above, at *10:30* A.M.

The principal cause of death and related causes of importance were as follows:
Morasmus

Date of onset *12-1-36*

Other contributory causes of importance:
Malnutrition

Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *Louis S. Cleveland* M.D.
(Address) *St. Agnes Hospital*

DEC 28 1936

E 30458

✓ 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
Specify WAR ..

(a) Residence: No. 103 E Hughes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 . 1936

22. I HEREBY CERTIFY That I attended ~~school~~ from
Dec 1936 to Dec 25 1936

I last saw her alive on Dec 25th 1936 Death is said to have occurred on the date stated above, at 10:40 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 12/19/36
(Primary)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? *P.T.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

21. Was disease or injury in any way related to occupation of deceased?

No. 11 If so, specify Army Medical
(Signal) 224-26 Hanover St.
(Address)

DEC 20 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H 204597
3220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30459

CERTIFICATE OF DEATH

✓ 92-k

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No.)

St. **5-1** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isaac Slaughter

(a) Residence: No.

124 N. Eyster

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) **10-19-82**

7. AGE Years **54** Months **7** Days **6** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Va** (State or country)

13. NAME **Thos Slaughter**

14. BIRTHPLACE (city or town) **Va** (State or country)

15. MAIDEN NAME **Lizzie Weller**

16. BIRTHPLACE (city or town) **Va** (State or country)

17. INFORMANT **Records**

(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL

Place **Mt. Calvary** Date **12/28** 19**36**

19. UNDERTAKER **Joseph O. Locke Jr.**

(Address) **1302 Jefferson St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec 25** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 16** 19**36** to **Dec 25** 19**36**

I last saw him alive on **Dec 25** 19**36** Death is said to have occurred on the date stated above, at **230** A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Aortic insufficiency

Date of onset

12-6-36

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If no, specify

(Signed) **Frederick C. Wether** M.D.

(Address) **Johns Hopkins Hospital**

EC 23 1938

F 30460
32

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30460

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 14-3 St. 14-3 Ward)Registered No. 47-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth: 0 yrs. 0 mos. 0 ds.2. FULL NAME Harry Robinson(a) Residence: No. 1840 Druid Hill ave. St. 14-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -6. DATE OF BIRTH (month, day, year) 12-6-947. AGE Years 42 Months 0 Days 20 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years spent in this occupation

12. BIRTHPLACE (city or town) S.C. (State or country)13. NAME Jeff Robinson14. BIRTHPLACE (city or town) S.C. (State or country)15. MAIDEN NAME Serena Charles16. BIRTHPLACE (city or town) S.C. (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial P. Date Dec 29, 193619. UNDERTAKER William A. Jackson (Address) 916 E. Bayview Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936 to Dec 26, 1936I last saw him alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 3:07 A m.

The principal cause of death and related causes of importance were as follows:

Ruptured Appendix
Pelvic Peritonitis

Date of onset

12-20-36

" " "

Other contributory causes of importance:

Carcinoma of Lung - lft.7-1-36?Was an operation performed? no Date of 12-20-36

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Fredrick C. Whorfe M. D.(Address) Johns Hopkins Hospital

DEC 28 1936

30461

HEALTH DEPARTMENT—CITY OF BALTIMORE

30461

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt., 116-2 Ward)Length of residence in city or town where death occurred 7 yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 ds.2. FULL NAME James GrayRegistered No. 13/19234

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 704 Woodyear St.St., 116-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced
HUSBAND of Jane Gray
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-5-18977. AGE 39 Years 10 Months 21 Days If LESS than 1 day, 21 hrs. or 21 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)13. NAME Charles14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Nancy Midget16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenhill N.C. Date Dec. 29, 193619. UNDERTAKER Lambert Chase & Son
(Address) 208 N. Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 193622. I HEREBY CERTIFY, That I attended deceased from 12-4, 1936, to 12-26, 1936I last saw him alive on 12-26, 1936 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
Renal DiseaseDate of onset
Symptoms
6 mths

Other contributory causes of importance:

Was an operation performed? NW Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Rainey(Address) Baltimore City Hospital M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

30462

HEALTH DEPARTMENT—CITY OF BALTIMORE 30462

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Annapolis Rd. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 11 mos 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Thomas L. Robinson.

(a) Residence: No.

3201 Annapolis Rd. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |
| 5a. If married, XXXXXXXXXX HUSBAND of <u>Frieda Robinson.</u> XXXXXXXXXX | | |
| 6. DATE OF BIRTH (month, day, year) <u>December 27, 1901</u> | | |
| 7. AGE | Years | Months |
| | 34 | 11 |
| | | 28 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) <u>Baltimore, Md.</u> (State or country) | | |

| | | |
|---|---|----------------------------|
| FATHER | 13. NAME | <u>William A. Robinson</u> |
| | 14. BIRTHPLACE (city or town) (State or country) | <u>Howard Co. Md.</u> |
| MOTHER | 15. MAIDEN NAME | <u>Sarah Landey.</u> |
| | 16. BIRTHPLACE (city or town) (State or country) | <u>Howard Co. Md.</u> |
| 17. INFORMANT <u>Robert S. Robinson</u> (Address) <u>2816 Water view, ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt Olivet</u> Date <u>12-28, 1936</u> | | |
| 19. UNDERTAKER <u>Frederick A. Cole</u> (Address) <u>1700 W Lombard St</u> | | |
| 20. FILED | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|---|-----------------|
| 21. DATE OF DEATH (month, day, year) <u>December 25, 1936</u> | Date of onset |
| 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an <u>inquiry</u> thereon and from the evidence obtained by said <u>inquiry</u> and that said deceased came to his death on the day stated above. | |
| The principal cause of death and related causes of importance were as follows: | |
| <u>Burned to death in fire of house of unknown origin.</u> | <u>12/25/36</u> |
| <u>Accidental Death</u> | |
| Other contributory causes of importance: | |
| Was an operation performed? <u>No</u> Date of | |
| For what disease or injury? | |
| Name of operation Date of | |
| What test confirmed diagnosis <u>inquiry</u> as there an autopsy? <u>No</u> | |
| 23. If death was due to external causes (violence) fill in also the following: | |
| Accident, suicide, or homicide <u>accident</u> Date of injury <u>12/25/36</u> | |
| Where did injury occur? <u>3201 Annapolis Rd.</u> (Specify city or town, county, and State) | |
| Specify whether injury occurred in industry, in home, or in public place <u>At home.</u> | |
| Manner of injury | |
| Nature of injury <u>Burns.</u> | |

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Reinhardt M. D.

12/26/36 1017 S. Charles St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

v s e

DEC 28 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

30463

CERTIFICATE OF DEATH

17534

30463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Gallagher

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 3604 Harlem Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow |
|-------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Joseph (D)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-26-1873

| | | | | |
|--------------|-------------|-------------|-----------|----------------------------------|
| 7. AGE 63 | Years 10 | Months 1 | Days 1 | If LESS than 1 day, hrs. or min. |
|--------------|-------------|-------------|-----------|----------------------------------|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Elgert

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth Kurtz

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date DEC 29 193619. UNDERTAKER Robert S. Steele
(Address) 2700 Edmondson Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 27. 1936

22. I HEREBY CERTIFY. That I attended deceased from 9-29-36 to 12-27-36

I last saw him alive on 12-27-36 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the

Date of onset

1 1/2 yrs.

Other contributory causes of importance:

Anemia

4 mos.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. G. Hooper M. D.

(Address)

Balt. City Hosp.

DEC 28 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 30464

HEALTH DEPARTMENT—CITY OF BALTIMORE 30464

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 21-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1218 S. Paca.* St., _____ Ward. _____

(Usual place of abode)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Stella M. Munford* (or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Dec 7 1897*7. AGE *39* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Attendant at job*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Coroco Oil Station*10. Date deceased last worked at this occupation (month and year) *Dec 26/36* 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Pa.* (State or country)13. NAME *John Munford*14. BIRTHPLACE (city or town) *Pa.* (State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Not known* (State or country)17. INFORMANT *Stella M. Munford* (Address) *1218 S Paca St*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *12-30-36*19. UNDERTAKER *Bernard C. Harle* (Address) *121 E. West St*20. REGISTRAR *[Signature]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *December 27, 1936*22. I HEREBY CERTIFY, That I attended deceased from *December 26, 1936, to December 27, 1936*I last saw him alive on *December 27, 1936* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Lobar pneumonia Group 7
Edema of lungs*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? *clin* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Paul A. Spear* M. D.(Address) *Sinai Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 29 1936

30465²⁶

HEALTH DEPARTMENT—CITY OF BALTIMORE 30465

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 3-2-129 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth? yrs..... mos..... ds.

2. FULL NAME

Leonard Fisher

(a) Residence: No.

907 S. Caroline

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

11-31-32

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

4

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

FATHER

13. NAME

Charles Gans

14. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

15. MAIDEN NAME

Arabella Fisher

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

Rec

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Dec 29 1936

19. UNDERTAKER

(Address)

Choy W. Wilson
1075 S. Briantley Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 30, 1936 to Dec 25, 1936

I last saw him live on Dec 25, 1936. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

Nephrosis
Pneumococcal peritonitis

Date of onset

8-29-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Blood and peritoneal cultures

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. C. Stiffes, Jr. M. D.

(Address) Johns Hopkins Hospital.

DEC 28 1936

The City of Baltimore, Md.

F M. 30486

F 30466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Cypress St. St. 25-5 Ward)

Length of residence in city or town where death occurred 53 yrs. - mos. - ds. How long in U. S. If of foreign birth 53 yrs. - mos. - ds.

2. FULL NAME

Pierce Youngbar.

(a) Residence: No. 1603 Cypress St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~
 HUSBAND of
 (XXXXXX) Mary J. Youngbar

6. DATE OF BIRTH (month, day, October 18, 1857)

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 79 | 2 | 8 | |

| | | |
|------------|---|-------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Blacksmith. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Germany.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Mary J. Youngbar. (wife.
(Address) 1603 Cypress St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Roman Cem. Dec. 29, 193619. UNDERTAKER Elizabeth Harle Due
(Address) 115 E. West St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
 (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Organic disease of the heart and kidneys.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

12/26/36 (Address) 1017 S. Charles St.

Coroner

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC

F 30467

F 30467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 W. North Ave. St. 15-4 Ward)Length of residence in city or town where death occurred Life time mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Solomon EhrlichRegistered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1726 W. North Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 18567. AGE Years 80 Months 6 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Bus
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baets (State or country) Ind.13. NAME Alexander Ehrlich14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Fannie Hamburger16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Miss Clara Ehrlich (Address) 1726 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Feb. 29, 193619. UNDERTAKER David Sonenstein (Address) 1902 Eustaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936 to Dec 28, 1936I last saw him alive on Dec 27, 1936 Death is said to have occurred on the date stated above, at 12:15 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Exam Date of noWhat test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Louis T. Lavy

M. D.

(Address) 1844 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 28 1936

A. E. J. F. P. Registrar

F 30468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30468

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 McElderry St. 7-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN HOWARD CLARKE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3011 McElderry St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, Divorced (write the word) Married |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of Rose Clarke
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 5. 1878

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 58 | - | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, Marine Engineer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John H. Clarke

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT Mrs. Rose Clarke (Wife)
(Address) 3011 McElderry St.18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cem. Date Dec. 28. 193319. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1936 to Dec. 24 1936

I last saw him alive on Dec. 24 1936 Death is said to have occurred on the date stated above, at 11.05 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Hypertension & cardiac
hypertrophy
pulmonary edema
Chronic Nephritis

Date of onset

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Louis F. Klimes

M. D.

(Address)

2623 E. Monument St.

North Wg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 28 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE ^F 30469

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 286 Sister of the Poor St. 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah E. Brown

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

(a) Residence: No. 1200 - Valley St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

6. DATE OF BIRTH (month, day, year)

7. AGE Years 87 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas J. Exigo

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lusan Landrin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup. (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Not known Date 12/29/36 19

19. UNDERTAKER (Address) Robert W. Wadsworth 714 ...

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 36 December, 1936

22. I HEREBY CERTIFY. That I attended deceased from May 1934 to Dec 26 1936

I last saw him alive on Dec 23 1936 Death is said to have occurred on the date stated above, at 8:45 P.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Other contributory causes of importance:

Chr Hepatitis
Arteriosclerosis

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Pyrolysis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Coker M. D.

(Address) 1114 ...

EC-28 1936

F 30470

F 30470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E Chase St. 10-1 Ward)Length of residence in city or town where death occurred 8 mos. 10 ds. How long in U. S. If of foreign birth? 8 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. 425 E Chase St., 10-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Dempsy7. DATE OF BIRTH (month, day, year) May 9, 19008. AGE 7 Years 7 Months 18 Days 1 LESS than 1 day, 1 hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept.
11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Balto. (State or country)13. NAME Wm Dempsy
14. BIRTHPLACE (city or town) Ind. (State or country)15. MAIDEN NAME Catherine Gornulay
16. BIRTHPLACE (city or town) Poland (State or country)17. INFORMANT Mrs Dempsy (Address)18. BURIAL, CREMATION OR REMOVAL Cathedral Date Dec 30, 1936
Place19. UNDERTAKER Rita Weddfield (Address) 714 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Dec. 27, 1936I last saw him alive on Dec. 27, 1936 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Immediate

Other contributory causes of importance:

Hypertension 1930
Arterio-sclerosisWas an operation performed? No Date of NoneFor what disease or injury? NoneName of operation None Date of NoneWhat test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? None Date of injury None, 19Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None(Signed) Frank M. Ogden M. D.(Address) 2701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 23 1936

F 30471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30471

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 East 22nd St., 9-8 Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Alice Francis Hartman

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 723 East 22ndSt., 9-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of William Hartman
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 3, 18867. AGE Years 50 Months 2 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME James Rigby Price14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Maria White Younger16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mr. Price
(Address) 723 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balta Date Dec. 29, 193619. UNDERTAKER Rita Windfield
(Address) 914 Greenmount Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 193622. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, 19... to December 24, 1936, 19...I last saw her alive on December 24, 1936. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac DilatationDate of onset
Dec 23
1936

Other contributory causes of importance:

MyocarditisHypertensionUnknownChronic Parenchymatous NephritisUnknownWas an operation performed? No Date of

For what disease or injury?

Clinical Examination

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signature)

(Address) 401 E. 25th Street

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 28 1936

30472

F 30472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Harford Rd. St. 8-1 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Carrington

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

(a) Residence: No. 3509 Hardord Rd.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married |
|----------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edith E. Appleby

6. DATE OF BIRTH (month, day, year) Aug. 23, 1868

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 68 | 4 | 3 | |

8. Trade, profession, or particular
kind of work done, as spinner, Engineer
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Water dpt.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) England

13. NAME John T. Carrington

14. BIRTHPLACE (city or town)
(State or country) England

15. MAIDEN NAME Annette Crawford

16. BIRTHPLACE (city or town)
(State or country) England17. INFORMANT Charles E. Carrington
(Address) 903 Braddock Rd. Cumberland
Md.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemy. Day 12/29.3619. UNDERTAKER The Mitchell Bros
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/36/36, 19

22. I HEREBY CERTIFY, That I attended deceased from
June 1935 to Dec 26 1936I last saw him alive on Dec 25 1936. Death is said
to have occurred on the date stated above, at 11 A. m.The principal cause of death and related causes of
importance were as follows:

Broncho-Pneumonia

Date of onset

days.

Other contributory causes of importance:

Emphysema & Hypertension
complicated by Tuberculosis.

16 yrs

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

846 N. 36th St.

M. D.

J. H. von DREGE, M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

F 30473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 12-6 Ward)Length of residence in city or town where death occurred... yrs. 124 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. 0 mos. 0 ds.Registered No. 47B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Pete E. MullenIf U. S. Veteran specify WAR None(a) Residence: No. 129 Sagel Street St. Manila, Philippine Is. Ward Manila, Philippine Is.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Philippine Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 19047. AGE Years 32 Months 7 Days 6 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands13. NAME Mario Mullen14. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands15. MAIDEN NAME Magdaline Ederosas16. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec. 28, 193619. UNDERTAKER E. Le Roy Stiffler, Inc
(Address) 125 E North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 193622. I HEREBY CERTIFY, That I attended deceased from August 26, 1936 to December 25, 1936I last saw him alive on December 25, 1936 Death is said to have occurred on the date stated above, at 5:52 p.m.

The principal cause of death and related causes of importance were as follows:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXEndothelioma, right pleura, with metastasis

Other contributory causes of importance:

Pneumonia, lobar, left lung. Terminal
Peritonitis, chronic, general. 8-27-36.Was an operation performed? Yes Date of Dec. 27, 1936For what disease or injury? Peritonitis and pneumonia.Name of operation Thoracentesis and Date of 4 each
Paracentesis.What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. J. a. derson M. D.(Address) U.S. Marine Hospital
Baltimore, Md.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 28 1936

30474

HEALTH DEPARTMENT—CITY OF BALTIMORE

30474

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Penna St. 17-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Esther L. Moody

If U.S. Veteran

specify WAR _____

(a) Residence: No. 905 Penna

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 6, 19227. AGE Years 14 Months 10 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Joseph Moody14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Ruth Harris16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Joseph Moody
(Address) 905 Penna ave18. BURIAL, CREMATION, OR REMOVAL
Place Stoney Creek Va Date 12/27 19 3619. UNDERTAKER Robert Williams
(Address) 1575 N. Eddy St20. FILE NO. DEC 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 19 3622. I HEREBY CERTIFY, That I attended deceased from Aug 1 19 36 to Dec 24 19 36I last saw her alive on Dec. 24 19 36. Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B.

Date of onset

Aug 1, 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Calvin B. LeCompte

M. D.

(Address) 1113 N. Caroline St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 McDonough St., 7-4 Ward)Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 911 McDonough St., 7-4 Ward.If U.S. Veteran
specify WARRegistered No. 82-a(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed,
or Divorced (write the word) married6. If married, widowed, or divorced
HUSBAND of Robert Hall
(or) WIFE of7. DATE OF BIRTH (month, day, year) Sept 18718. AGE Years 65 Months 3 Days 30 If LESS than
1 day, hrs. or min.9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Domestic
10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Domestic
11. Date deceased last worked at
this occupation (month and
year) Sept 1936 11. Total time (years
spent in this
occupation) 50 yrs12. BIRTHPLACE (city or town)
(State or country) N.C.13. NAME Armand Burr14. BIRTHPLACE (city or town)
(State or country) N.C.15. MAIDEN NAME Mary16. BIRTHPLACE (city or town)
(State or country) N.C.17. INFORMANT Maud Wilson
(Address) 911 McDonough St.18. BURIAL, CREMATION, OR REMOVAL
Place McCalvey Cem Date Dec. 28 193619. UNDERTAKER Robert E. Williams
(Address) 1515 McCalvey St.20. REGISTRAR W. E. F. F. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 193622. I HEREBY CERTIFY That I attended deceased from
Dec. 20, 1936 to Dec 24, 1936I last saw her alive on Dec 24, 1936 Death is said
to have occurred on the date stated above, at 8 P. m.The principal cause of death and related causes of
importance were as follows:Cerebral hemorrhage

Date of onset

12/20/36

Other contributory causes of importance:

Mental excitation

Date of onset

12/20/36Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injury , 19Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Francis J. B. Lake M.D.(Address) 1741 E. Eager St.state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

30476

HEALTH DEPARTMENT—CITY OF BALTIMORE

30476

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Woman's Hospital*

CITY OF BALTIMORE: (No. _____)

St. *11-2* WardRegistered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Anne Ranson Hall*(a) Residence: No. *Severn Apts.*

(Usual place of abode)

701 Cathedral St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6. If married, widowed, or divorced, name of husband (or) wife of *Harry P. Hall*6. DATE OF BIRTH (month, day, year) *Oct 25 1857*7. AGE Years *79* Months *2* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *5*12. BIRTHPLACE (city or town) *Charlestown*
(State or country) *W. Va.*13. NAME *Ambrose R. H. Ranson*14. BIRTHPLACE (city or town) *St. Va.*
(State or country)15. MAIDEN NAME *Elizabeth Frame*16. BIRTHPLACE (city or town) *St. Va.*
(State or country)17. INFORMANT *Mrs. Chas R. Spence*(Address) *Severn Apts.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Landon Park* Date *Dec 30 1936*19. UNDERTAKER *Henry N. Jenkins & Co.*(Address) *McCuller - Orchard Sts.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-28*, 19*36*22. I HEREBY CERTIFY. That I attended deceased from *12-24*, 19*36*, to *12-28*, 19*36*I last saw her alive on *12-28*, 19*36* Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Apoplexy*Date of onset *12-24*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. P. Sellers*

M. D.

(Address) *Woman's Hospital*

DEC 28 1936

F 30477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30477

CERTIFICATE OF DEATH

19674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Insey

If U.S. Veteran

specify WAR

(a) Residence: No. 1027 S. Sharp St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|---------------------------|--|
| 3. SEX M | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|-------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maude Insey

6. DATE OF BIRTH (month, day, year) 4-11-1886

| | | | | |
|--------------|-------|-------------|------------|--|
| 7. AGE 50 | Years | Months 8 | Days 14 | If LESS than 1 day, hrs. or min. |
|--------------|-------|-------------|------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jim

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cr Date 12/28/3619. UNDERTAKER
(Address) 188 W. Montgomery St. Baltimore, Md.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1936 to 12-25-1936

I last saw him alive on 12-25-1936 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 1 wk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Rarney

(Address) Baltimore City Hospital

DEC 28 1936

Information shown on this certificate is for statistical purposes only. It should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30478

30478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Turner (19292)

If U. S. Veteran
specify WAR

(a) Residence: No. 1400 Mount St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1, 1890

7. AGE Years 46 Months 11 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Tom Turner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alvinia Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec. 28, 1936

19. UNDERTAKER Mrs. Katie R. Williams 322 N. Howard St.

DEC 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1936 to December 23, 1936

I last saw him alive on December 23, 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pleura with metastasis

Date of onset
Sept.
1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Where an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H. H. Feldman M. D.

(Address) Baltimore City Hospitals

F 30479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Mulliken St. 14-92) Ward

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martha Gathwright

(a) Residence: No. 608 Mosher

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Red 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9-1894

7. AGE Years 42 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Richmond Va (State or country)

13. NAME John Gathwright

14. BIRTHPLACE (city or town) Richmond Va (State or country)

15. MAIDEN NAME Mary Griffin

16. BIRTHPLACE (city or town) Ashland Va (State or country)

17. INFORMANT Mrs Eleanore Campbell (Address) 608 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 29 1936

19. UNDERTAKER Robert H. Goring (Address) 204 W. Caroline St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

12/24/36

Other contributory causes of importance:

no history

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) P. Allen

(Address) 507 Annapolis St M. D.

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

DEC 28 1936

F 30480

F 30480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *210 W. Monford Ave* St. *6-3* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *210 W. Monford Ave* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------------|--|
| SEX <i>Female</i> | 4. Color or Race <i>Col.</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Jan. 14, 1917</i> | | |
| 6. DATE OF BIRTH (month, day, year) <i>Jan. 14, 1917</i> | | |
| 7. AGE <i>19</i> | Months <i>11</i> | Days <i>9</i> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| | |
|--|---|
| 12. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Md.</i> | |
| FATHER | 13. NAME <i>Frederick Gross</i> |
| FATHER | 14. BIRTHPLACE (city or town) <i>Md.</i> (State or country) |
| MOTHER | 15. MAIDEN NAME <i>Bessie Johnson</i> |
| MOTHER | 16. BIRTHPLACE (city or town) <i>Md.</i> (State or country) |
| 17. INFORMANT <i>Bessie Gross</i> (Address) <i>210 W. Monford Ave</i> | |
| 18. HUSBAND, CREATION, OR REMOVAL <i>Robert H. Young</i> Place <i>St. Mary</i> Date <i>Dec. 28, 36</i> | |
| 19. UNDERTAKER <i>Robert H. Young</i> (Address) <i>802 W. Chesapeake St.</i> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *10-22, 1936* to *12-25, 1936*I last saw h. or alive on *Dec 23, 1936*. Death is said to have occurred on the date stated above, at *3.45 m. A*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

6-35

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Rayner Thorne

M. D.

(Address)

1500 E. Madison St.

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

DEC 28 1936

F 30481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1850 Wilkens Ave. St., 19-4 Ward)Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 1850 Wilkens Ave. St., 19-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>William F. Guest</u> (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>Mar 1- 1867</u> | | |
| 7. AGE | Years <u>69</u> | Months <u>9</u> |
| | Days <u>26</u> | If LESS than 1 day, <u>hrs.</u> or <u>min.</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> <u>MD</u> | | |
| FATHER | 13. NAME <u>Unknown</u> | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | |
| 17. INFORMANT <u>William N. Edman</u> (Address) <u>1850 Wilkens Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>Dec 29, 1936</u> | | |
| 19. UNDERTAKER <u>Robt C. B. M. Walters</u> (Address) <u>12411 Stricker St</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1936 to Dec. 26, 1936I last saw her alive on Dec. 25, 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerotic cardio
vascular disease -

Date of onset

?

Other contributory causes of importance:

terminal bronchopneumonia 2 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Samuel H. Mason M. D.(Address) 1904 W. Baltimore St.

DEC 28 1936

H. E. Smith

H. E. Smith

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19743

30482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30482

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-2 Ward)Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Shaw

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 116 N. Pine St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|---|
| 3. SEX <u>M</u> | 4. Color or Race <u>W</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
|--------------------|------------------------------|---|

6a. If married, widowed, or divorced
HUSBAND of Montez Shaw
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-14-1873

| | | | | |
|---------------------|-------|--------------------|-------------------|--|
| 7. AGE <u>63</u> | Years | Months <u>5</u> | Days <u>12</u> | If LESS than 1 day, hrs. or min. |
|---------------------|-------|--------------------|-------------------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
Mass.

13. NAME George Shaw

14. BIRTHPLACE (city or town) (State or country)
Scotland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)
Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Buried in City of Baltimore Date 12-29-36

19. UNDERTAKER W. H. Humphreys
(Address) South Broadway

20. John F. Ramsey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-25-1936 to 12-26-1936

I last saw h. l. m. alive on 12-26-1936 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset
12-26-36

Other contributory causes of importance:

Arteriosclerotic Heart Disease unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30483

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

birth? yrs. mos. ds.

Bettie Jenkins

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from
12/23, 1936 to 12/26, 1936

I last saw her alive on 12/26, 1936 Death is said to have occurred on the date stated above, at 10:40 m. p.

The principal cause of death and related causes of importance were as follows:

| | | |
|--|--|---------------------------|
| Brancho-pneumonia | | Date of onset 12/22/31 |
| Other contributory causes of importance: | | |

Was an operation performed? NO Date of _____

For what disease or injury?

What test confirmed diagnosis? elavien Was there an autopsy? y

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?
 nu If so, specify

(Signed) Wayne Howe D.

DEC 28 1936

15th E. Madison St

✓ F 30484

F 30484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Low St., 5-1 Ward)

Length of residence in city or town where death occurred 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Wilson

(a) Residence: No. 1105 Low

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linds Wilson

6. DATE OF BIRTH (month, day, year) Sept 5 - 1896

7. AGE Years 40 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk Va (State or country)

13. NAME Anthony Harris

14. BIRTHPLACE (city or town) N C (State or country)

15. MAIDEN NAME Elizabeth Burke

16. BIRTHPLACE (city or town) N C (State or country)

17. INFORMANT Eleonora Watkins (Address) 2136 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Dec 28 - 1936

19. UNDERTAKER Mrs. R. A. Elliott - daughter

20. FILER DEC 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

12/1/1935

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Steth Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 509 Annapolis St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30485

CERTIFICATE OF DEATH

REGISTERED NO.

131 F 30485

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Presstman ST. 147 WARD)

2—FULL NAME Elijah J. Curtis

(a) RESIDENCE NO.

(Usual place of abode)

307 Presstman ST.,

WARD

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

C.

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6 If married, widowed, or divorced

(or) WIFE of

Octavia Curtis

6 DATE OF BIRTH (month, day, and year)

April 27, 1879

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

57

7

29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Va.

10 NAME OF FATHER

Henry Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Va.

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

unknown

14

Informant

(Address)

Archibald Curtis
307 Presstman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Dec. 26, 1936

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec. 26, 1936, that I last saw him alive on Dec. 24, 1936

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular complication

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical lab.

(Signed)

H. Marco Williams, M. D.
12-27-36 (Address) 201 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

Thomas E. Nelson

12/28 1936

ADDRESS

1303 Presstman St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 28 1936

F 30486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30486

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1766 Riverside* St. *24-3* Ward *4*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1766 Riverside* St., Ward. *4*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4 Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days
about 69 - -
if LESS than
1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *037*
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Baltimore*13. NAME *Anna Martin*14. BIRTHPLACE (city or town)
(State or country) *Ireland*15. MAIDEN NAME *Virginia Trade*16. BIRTHPLACE (city or town)
(State or country) *Ireland*17. INFORMANT *William Martin*
(Address) *1766 Riverside*18. BURIAL, CREMATION, OR REMOVAL
Place *Cathedral* Date *12/29/36*19. UNDERTAKER *J. J. Jones*
(Address) *1766 Riverside*

20. FILED

DEC 29 1936

Registrar.

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 26*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from
Feb 24, 19*36*, to *Dec 26*, 19*36*I last saw her alive on *Dec 25*, 19*36*. death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as follows:*Myocarditis*

Date of onset

10 mos

Other contributory causes of importance:

*Cerebral Hemorrhage +
Hemiplegia**7 mos*Name of operation Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? Date of injury, 19...Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? *no* If so, specify(Signed) *B. J. Melick* M. D.(Address) *1279 William St*information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30487

F 30487

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1952 N Gay St

St. 8-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Dasse Jr.

(a) Residence: No. 1952 N Gay St

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20th 1936

7. AGE Years 3 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Dasse Sr.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gertrude Weaver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ernest Weaver

(Address) 1952 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mountlands Park Date Dec 28th 1936

19. UNDERTAKER Leo B. Brook

(Address) 1703 N Patterson Park Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1936

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Dec 26 1936 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Solar Overexposure

Other contributory causes of importance:

acute Cardiac Distention

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

DEC 28 1936

Registrar

30488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *531 N. Decker ave* - *1* St., *1* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Frank P. Munk

(a) Residence: No.

531 N. Decker Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Julia*

6. DATE OF BIRTH (month, day, year)

Sept 22 1866

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.*70**3**3*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Retired*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Teacher*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Balto*

FATHER

13. NAME

*William Munk*14. BIRTHPLACE (city or town)
(State or country)*Balto*

MOTHER

15. MAIDEN NAME

*Margaret Martin*16. BIRTHPLACE (city or town)
(State or country)*Balto*17. INFORMANT
(Address)*Allen Munk*
531 N. Decker ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Date *Dec 29 1936*19. UNDERTAKER
(Address)*Martin W.E. Joffel*
37 S. Ann St.

20. FILED

W. E. Joffel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Dec 20 1936*22. I HEREBY CERTIFY That I attended deceased from
Oct 1, 1936 to *Dec 20, 1936*I last saw him alive on *Dec 20, 1936* Death is said
to have occurred on the date stated above, at *1:25* p.m.The principal cause of death and related causes of
importance were as follows:*Diabetes Mellitus*

Date of onset

?

Other contributory causes of importance:

Myocarditis chronic

?

Was an operation performed? *no*

Date of

For what disease or injury?

same

What test confirmed diagnosis?

Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Eugene L. Cassano M. D.

(Address)

514 W. 4th Lane

EC 28 1936

30489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30489

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Chestnut Ave 13-7 Ward)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth M. Brown

(a) Residence: No.

3748 Hickory Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single? Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 30 1871*7. AGE *65* Years *8* Months *6* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *md.*13. NAME *William Brown*14. BIRTHPLACE (city or town) (State or country) *md.*15. MAIDEN NAME *Margaret Fane*16. BIRTHPLACE (city or town) (State or country) *md.*17. INFORMANT *Harry Brown* (Address) *3748 Hickory Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Pleasant Hill, Baltimore Date *Dec 29, 1936*19. UNDERTAKER *Shenowick & Son* (Address) *3615-17 Chestnut Ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 26, 1936*22. I HEREBY CERTIFY. That I attended deceased from *Dec 26, 1936* to *Dec 26, 1936*I last saw him alive on *Dec 26, 1936* Death is said to have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

*Pulmonary Edema*Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *No* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *No*, 19Where did injury occur? *No*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Francis P. Ellis* M. D.(Address) *900 E. 37th St.*

DEC 28 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

F 30490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 30490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hapt. 77-7* ST. *77-7* WARD)2-FULL NAME *Lucille Ziegenheim*(a) RESIDENCE NO. *2922* *Rebington* ST. *One* WARD

(Usual place of abode)

Length of residence in city or town where death occurred *1 1/2* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F*4 COLOR OR RACE *W*5 Single, Married, Widowed, or Divorced, (write the word) *Widowed*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Widow*6 DATE OF BIRTH (month, day, and year) *Apr. 22, 1886*

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *50* *8*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housewife*(b) General nature of industry, business, or establishment in which employed (or employer) *?*

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Maryland*10 NAME OF FATHER *Samuel H. Young*

11 BIRTHPLACE OF FATHER (city or town)

(State or country) *Maryland*12 MAIDEN NAME OF MOTHER *Frances B. Ferguson*

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) *Maryland*

14

Informant (Address) *Margaret McLean*
2644 Hampden Ave.

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *12-27-36*

17

I HEREBY CERTIFY, That I attended deceased from *Dec. 26*, 19*36*, to *Dec. 27*, 19*36*, that I last saw her alive on *Dec. 27*, 19*36*and that death occurred, on the date stated above, at *11:30 A. m.*

The CAUSE OF DEATH* was as follows:

Bilateral Lobar pneumonia
Several days (5 or 6 days?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Myocardial failure**36 hrs*

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? *at home*Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Examination*(Signed) *William Hoeft*

M. D.

, 19

(Address) *Franklin Sq. Hapt.*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL *Lorraine Park*

DATE OF BURIAL

20 UNDERTAKER *Chenoweth Co.*ADDRESS *3657 Chestnut Ave.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 28 1936

322896
F 30491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30491

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. **7-5** St. **7-5** Ward)Length of residence in city or town where death occurred **5** mos. **5** ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Barbara Foster**(a) Residence: No. **Furgeson Lane** St. **Carney** Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**5a. If married, widowed, or divorced **husband of** (or) WIFE of **John Foster**6. DATE OF BIRTH (month, day, year) **1/25/05**7. AGE Years **31** Months **11** Days **2** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Maryland**13. NAME **John Foster**14. BIRTHPLACE (city or town) (State or country) **Md**15. MAIDEN NAME **Era E Trump**16. BIRTHPLACE (city or town) (State or country) **Pa -**17. INFORMANT **Records** (Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL **Woodlawn** Date **Dec 30, 1936**19. UNDERTAKER **Chenoweth** (Address) **36157 Chestnut Ave**

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec. 27, 1936**22. I HEREBY CERTIFY. That I attended deceased from **Dec. 22, 1936** to **Dec. 27, 1936**I last saw her alive on **Dec. 27, 1936** Death is said to have occurred on the date stated above, at **10:05 a.m.**

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia**Bacteremia - Pneumococcus**Date of onset **12-20-36**

Other contributory causes of importance:

Was an operation performed? **no** Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) **James W. Haviland**(Address) **Johns Hopkins Hospital**

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1642 E Eager St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Blacker 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/29/35

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 16.3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Stills

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Clara Hunsy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St. Calvary Date 12/29/36

19. UNDERTAKER Rayner Sanders (Address) 1473 E. Tristram St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936 to Dec 26, 1936

I last saw him alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia about 12-8 otitis media 12-19 mastoiditis 12-24

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-24

For what disease or injury? mastoiditis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lynne B. Edwards M. D. (Address) Johns Hopkins Hospital

EC 28 1936

F 30493

F 30493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *802 Stirling* St., *10-2* Ward)Length of residence in city or town where death occurred *35* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *802 Stirling* St., *10-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *C.* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6. If married, widowed or divorced
HUSBAND of *James Godsey*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Apr 10/1886*7. AGE Years *50* Months *8* Days *15* LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0237*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *NC*
(State or country)13. NAME *Alfred Jones*14. BIRTHPLACE (city or town) *NC*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *NC*
(State or country)17. INFORMANT *John L. Brown*(Address) *1108 E. Madison St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *12/38* *34*19. UNDERTAKER *Rayner Sanders*(Address) *1413 E. Preston St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-25-1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 11*, 1936 to *Dec. 25*, 1936I last saw her alive on *Dec. 25*, 1936. Death is said to have occurred on the date stated above, at *1:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Bronchio-Pneumonia*Date of onset *12/11/36*

Other contributory causes of importance:

Name of operation *Symptoms* Date of *NC*What test confirmed diagnosis? Was there an autopsy *NC*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Jas. R. Blake* M. D.(Address) *924 Arisquith St.*

C 28 1936

F322296
30494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E30494

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 9-4 St., 159 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 20 mos. 20 ds. How long in U. S. If of foreign birth? 20 yrs. 20 mos. 20 ds.2. FULL NAME Baby Rose(a) Residence: No. 2652 Borne St. Ward. 159
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Boy</u> | 4. Color or Race <u>Black</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>12/7/34</u> | | |
| 7. AGE | Years | Months |
| | <u>20</u> | <u>19</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Mc
(State or country)13. NAME Robert - Rose14. BIRTHPLACE (city or town) unknown
(State or country)15. MAIDEN NAME Margaret - Griffin16. BIRTHPLACE (city or town) Mc
(State or country)17. INFORMANT Rose(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mc Calvary Date 12/29/3419. UNDERTAKER Raymond S. Sander(Address) 1415 E. Preston St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 193422. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1934 to Dec 26, 1934I last saw him alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Edwards M. D.(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 28 1936

F 30495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30495

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Dover

St. 19-4 Ward)

Length of residence in city or town where death occurred

Lks

yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laurence H. Riley

(a) Residence: No. 328

East Fulton Cr. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Riley

6. DATE OF BIRTH (month, day, year)

1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70

3

2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B & O RR Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

20 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Riley

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Albert F. Fols (son in law)

(Address)

1140 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Removal

Place

Baltimore Md Dec 26, 1936

19. UNDERTAKER

(Address)

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

(Hypertension, empty heart, atherosclerosis)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Jas H. Phillips

M. D.

(Address)

239 E. Lombard St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 20 1936

19

2849-36

F 30496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30496

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1425 Bruce* St. *15-2* Ward)Registered No. *175*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Bertha Johnson

If U. S. Veteran

specify WAR

(a) Residence: No. *1425 Bruce*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar. 17, 1896*7. AGE Years *1* Months *2* Days *1* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*13. NAME *John H. Johnson*14. BIRTHPLACE (city or town) *Calverville* (State or country) *MD*15. MAIDEN NAME *Emma Johnson*16. BIRTHPLACE (city or town) *Farmville* (State or country) *MD*17. INFORMANT *Emma Johnson*(Address) *1425 Bruce St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Mt. Cem.*Date *Dec. 28, 1936*

19. UNDERTAKER

Commissioner of Health

Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 18, 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Red distended or ruptured of aorta

Date of onset

Other contributory causes of importance:

*Malnutrition*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* *Homicide*Date of Injury *12/18, 1936*Where did injury occur? *1425 Bruce St., City* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of Injury *Struck on head with frying pan*

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *O. Hays*(Address) *1215 Harwood*

Coroner

M. D.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

2830-37

F 30497

HEALTH DEPARTMENT—CITY OF BALTIMORE

16562

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-2 St. 3-2 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME William Burke

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. 1111 E. Pratt St.St. 3-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/12/18607. AGE Years 76 Months 4 Days 10 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Y. (State or country)13. NAME Thomas14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Bessie Armstrong16. BIRTHPLACE (city or town) Scotland (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Unusually Med. Sch. Date Dec. 28, 193619. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-193622. I HEREBY CERTIFY. That I attended deceased from 8-21-1936 to 12-22-1936I last saw him alive on 12-22-1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 2 yrs

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) kill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John L. Rainey M. D.

(Address)

Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1936

2852

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

Length of residence in city or town where death occurred.....yrs.....moa.....ds. How long in U. S. If of foreign birth?.....yrs.....moa.....ds.

2. FULL NAME Mary Turner

(a) Residence: No. 930 Druid Hill Ave.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April, 9, 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 8 12

8. Trade, profession, or particular kind of work done, as spinner, Cook
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME William E.

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth Ridgeby

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1936 to 12-21, 1936

I last saw her alive on 12-21, 1936 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset
Several
months

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John L. Ramsey
Baltimore City Hospital

M. D.

EC 28 1936

H 2853

F 30499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30499

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital 14-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *Maple Rd. Linthicum Heights* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or *Single* (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 23, '36 - 10:10 A.M.*

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) *Woman's Hospital*
(State or country) *Baltimore*13. NAME *Kyle Lewis Lenahan*14. BIRTHPLACE (city or town) *Roanoke*
(State or country) *Va.*15. MAIDEN NAME *Cornelia Baulech*16. BIRTHPLACE (city or town) *Roanoke*
(State or country) *Va.*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Carnegie Library* Date _____

19. UNDERTAKER

(Address)

20. FILLED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-23-* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

12-23-36, 19____, to *12-23-36*, 19____I last saw *her* alive on *12-23-36* 19____. Death is saidto have occurred on the date stated above, at *12:00* P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, _____

(Signed)

(Address)

M. D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 3

DEC 23 1936

F 30500

F 30500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 208111

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME Charles H. Chesney.

(a) Residence: No. Churchville, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married HUSBAND of (or) WIFE of Annie E. Chesney.

6. DATE OF BIRTH (month, day, year) December 2, 1867

7. AGE Years 69 Months 0 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, general

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Churchville, Md (State or country)

13. NAME William H. Chesney.

14. BIRTHPLACE (city or town) Churchville, Md (State or country)

15. MAIDEN NAME Margaret P. Loflin.

16. BIRTHPLACE (city or town) Harford Co. Md. (State or country)

17. INFORMANT Harvey Chesney. (son) (Address) Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary M.E. Date Dec 30, 1936

19. UNDERTAKER (Address) Bel Air, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Concussion
Traumatic pneumothorax 3/22/36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/22, 1936

Where did injury occur? Bel Air P.O. Nicholas Car (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Bel Air Md.

Manner of injury? Auto & St. car collision

Nature of injury? Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signature) M. D. B. 1262-1
(Address) 1017 S. Charles St.

DEC 28 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19348

30501

CERTIFICATE OF DEATH

F 30501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23 Ward)
life

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lozuk, Baby Girl

U.S. Veteran
specify WAR(a) Residence: No. 506 S. Durham St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/8/1936

7. AGE Years Months Days 15 days LESS than 1 day.....hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Paul

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Dorothy Michael

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec 28, 1936

19. UNDERTAKER George A. Weber
(Address) 700 S. Ann St.

20. FILED

DEC 28 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-8-36, 19 to 12-23-36, 19

I last saw her alive on 12-23-36, 19. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

Diarrhea
Acidosis & Dehydration
BronchitisDate of onset
12-17-36
12-20-36
12-22-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? → Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

A. J. Alexander
Balto. City Hosp

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30502

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hosp.* St. *27-16* Ward)Registered No. *121*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *12* mos. *12* ds. How long in U. S. If of foreign birth? *40* yrs. *12* mos. *12* ds.2. FULL NAME *Louise H. Warehime*

If U.S. Veteran

specify WAR

(a) Residence: No. *4672 Park Hts. ave.* St., *27-16* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF*W. Edwin Warehime*6. DATE OF BIRTH (month, day, year) *April 12 1873*7. AGE Years *3* Months *8* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ind.*
(State or country) *Carroll Co*13. NAME *Woods Brown*14. BIRTHPLACE (city or town) *Carroll Co MD*
(State or country)15. MAIDEN NAME *-?- Kohler*16. BIRTHPLACE (city or town) *Near New Bedford*
(State or country) *Mass*17. INFORMANT *W. Edwin Warehime*
(Address) *4672 Park Heights Ave*18. BURIAL, CREMATION, OR REMOVAL *Carroll Co MD*
Clearcut Valley Cemetery Date *Dec 30* 19*36*19. UNDERTAKER *Edna G. Black*
(Address) *142 W. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/27/36*, 1922. I HEREBY CERTIFY, That I attended deceased from *12/25/36*, 19, to *12/27/36*, 19.I last saw him alive on *12/27/36*, 19. Death is said to have occurred on the date stated above, at *4:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Appendicitis
Peritonitis (generalized) *12/25/36*Date of onset
12/23/36

Other contributory causes of importance:

Was an operation performed? *yes* Date of *12/25/36*For what disease or injury? *Appendicitis*What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Henry G. Black* M. D.(Address) *University Hospital*

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 28 1936

F 30503

✓ F 30503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hosp.
CITY OF BALTIMORE: (No. 408 N. Fremont Ave. St. 18-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henretta Curtis

U. S. Veteran

specify WAR

(a) Residence: No. 408 N. Fremont Ave. St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard B. Curtis

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Wm. Cornish

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Howard Curtis (Address) 408 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 28, 1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schaefer St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

C 25 1936

M. D. B. 1265-9
30504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30504

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Etting St., 14 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2217 Etting St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18927. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Batts, Md13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mabel Lee(Address) 2217 Etting

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 28, 193619. UNDERTAKER Mrs. Katie R. Williams(Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held no inquest, and from the evidence obtained by me find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

12/24/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen(Address) 569 Chesapeake

M. D.

Exact statement of information should be carefully supplied. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

EC 28 1936

F 30505

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30505

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 25-2 Ward) 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Heinemann(a) Residence: No. 1980 Spenser St. Ward. St.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12/8/367. AGE Years Months Days If LESS than 1 day,hra. ormin. 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD -13. NAME Josephs Heinemann14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Freda Dunsen16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Heinemann
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Catho Date Dec. 28, 193619. UNDERTAKER Edward T. O'Connell
Address 59 Washington Bldg

20. LED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 193622. I HEREBY CERTIFY That I attended deceased from Dec 20, 1936 to Dec. 28, 1936I last saw him alive on Dec. 28, 1936 Death is said to have occurred on the date stated above, at 8:20 m.

The principal cause of death and related causes of importance were as follows:

DiarrheaGill's mediaEncephalitisPeritonitis

Date of onset

12-17? about 12-17.12-2712-27

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Lilia B. Brown
Johns Hopkins Hospital

M. D.

Information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

EC 20 1936

F 30506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Westwood Ave St. 15 Ward)

Length of residence in city or town where death occurred ⁴ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Heckman

(a) Residence: No. 2930 Westwood Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HIS HAND of (or) WIFE of Geo. John Heckman

6. DATE OF BIRTH (month, day, year) Jan 27 - 1851

7. AGE Years 85 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frank Pflieger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Lee Winchester (Address) 2930 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balt. Date 12/30/36 19

19. UNDERTAKER Geo. Weber & Son (Address) 2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1/36 19 to 12/27/36 19

I last saw her alive on 12/27/36 19 Death is said to have occurred on the date stated above, at 3:40 P.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis (about Oct. 1/36) Broncho pneumonia 12/20/36 Other contributory causes of importance: Myocarditis about Oct. 1/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? X

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter D. Hubert M. D.

(Address) 2220 Garrison

EC 28 1936

✓ E 30507

30507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 2. Fulton St. 16-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Wilhelmina Metzger

(a) Residence: No. 714 2. Fulton St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White 4. Color or Race Female 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Metzger

6. DATE OF BIRTH (month, day, year) Nov 11 1850

7. AGE Years 86 Months 1 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Frederick Rosekamp 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Lipptha Schacht 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Mary L. Holmes (Address) 714 2. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 12/29/36

19. UNDERTAKER No. 2503 Edmondson St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/36

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1935 to Dec 27 1936

I last saw him alive on Dec 27 8 PM 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis

Other contributory causes of importance:

Chronic ulcer on leg

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. D.

(Address) 1211 N. Calver St.

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

EC 28 1936

F 30508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Monroe St. 16 Ward)Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs Eva Williamson Huber(a) Residence: No. 724 N. Monroe St. 16 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Geo. Jacob Huber (or) WIFE ofc. DATE OF BIRTH (month, day, year) Sept 7-18817. AGE Years 55 Months 3 Days 20 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME M. B. Williamson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ant Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT M. Geo. J. Huber (Address) 724 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/30/3619. UNDERTAKER Geo. Weber & Son (Address) 2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/36, 1936

22. I HEREBY CERTIFY. That I attended deceased from

May 20, 1936 to Dec. 27, 1936I last saw her alive on Dec. 26, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Date of onset

12-27-36

Other contributory causes of importance:

Adeno Carcinoma of Stomach

1936

Was an operation performed? yes Date of June 3, 1936For what disease or injury? Adeno-carcinoma of StomachName of operation Gastro-jjunostomy + Resection of Stomach Date of 6-3-36What test confirmed diagnosis? Pathologic findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Maurice E. Shamer M. D.(Address) 3800 N. North Ave

C 28 1936

30509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30509

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *26 25th St.* St., *12-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2 West 25th St.* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Rebecca Harman*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 20 1848*7. AGE Years *88* Months *9* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self. Retired*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Samuel Harman*
14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Anna Trapp*
16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Dr Frank P Haynes*
(Address) *2606 Harrison Blvd*18. BURIAL, CREMATION, OR REMOVAL
London Park Date *Dec 29 1936*19. UNDERTAKER *William J. Tucker & Sons*
(Address) *North & Penna Aves.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 26 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 14 1936* to *Dec 26 1936*I last saw him alive on *Dec 26 1936*. Death is said to have occurred on the date stated above, at *10:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma - Prostate Gland
Chronic Myocarditis
*Intermittent Nephritis*Date of onset
934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Howard S. Warner M. D.
2604 Harrison Blvd

M. D.

(Address)

M. D.

(Address)

M. D.

(Address)

M. D.

(Address)

M. D.

(Address)

M. D.

Information should be carefully supplied. See instructions on back of certificate.

C 28 1936

F 30510

30510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *920 St. Monroe* ST. *16* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Robert Luther Mask

(a) RESIDENCE NO.

920 St. Monroe ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. *Lifetime* da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Single*

6 If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Bachelor.*6 DATE OF BIRTH (month, day, and year) *July 26 - 1865*7 AGE Years *71* Months *11* Days *—* If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Bird Beckley.*9 BIRTHPLACE (city or town)
(State or country)*Baltimore Md*

10 NAME OF FATHER

William W. Mask.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) *Baltimore Md.*

12 MAIDEN NAME OF MOTHER

Maria Ellen Kenney

13 BIRTHPLACE OF MOTHER

(State or country) *Black Rock Baltimore Co. Md*

14

Informant

Miss Helen E. Mask

(Address)

920 St. Monroe St.

15

Filed

DEC 28 1936

19

H. J. Tickenet
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec 26. 36.*

17

I HEREBY CERTIFY, That I attended deceased from *Dec 20*, 19*36*, to *Dec 26*, 19*36*.that I last saw him alive on *Dec 25*, 19*36*.and that death occurred, on the date stated above, at *9 a.* m.

The CAUSE OF DEATH* was as follows:

Endocarditis(duration) *4* yrs. *4* mos. *—* ds.CONTRIBUTORY
(Secondary)*Bronchitis Acute*(duration) *—* yrs. *—* mos. *7* ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *No.* Date of *—*Was there an autopsy? *No.*What test confirmed diagnosis? *Clinical methods*

(Signed)

George C. Shuman, M. D.*172*, 19*36* (Address) *700 St. Fulton Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mr. Charles Gern

DATE OF BURIAL

Dec 28 1936

20 UNDERTAKER

Wm. J. Tickenet

ADDRESS

918 Pa.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32260511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30511

X 51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Length of residence in city or town where death occurred 13 yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 ds.

2. FULL NAME William Korne

(a) Residence: No. 943 Rose Hill Ave. - St., Ward. Hagerstown Md.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Mary</u> (or) <u>Wife</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>4/6/81</u> | | |
| 7. AGE <u>55</u> Years <u>8</u> Months <u>21</u> Days | If LESS than 1 day, <u>hrs.</u> or <u>min.</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME John T. Korne

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary Kate Korne

16. BIRTHPLACE (city or town) Benn.
(State or country)

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Dec 30 1936

19. UNDERTAKER Scott F. Minnick & Son
(Address) Hagerstown Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec. 14 1936 to Dec 27 1936

I last saw him live on Dec 27 1936 Death is said

to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:

Uremia

Bladder Tumor infiltrating

Carcinoma

Other contributory causes of importance: (over)

Was an operation performed? Yes Date of 12/18/36 and 12/20/36

For what disease or injury? Bladder Tumor infiltrating

Carcinoma

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William E. Gilmore M. D.

(Address) Hagerstown Hospital

C 23 1936

✓ F 30512

F 30512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins* St., *Ward*)Registered No. *34-C-94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.2. FULL NAME *Herbert Minn*

If U. S. Veteran

specify WAR

(a) Residence: No. *1513 Penna Ave*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 19 1913*7. AGE *23* Years *3* Months *7* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Public Bldg. 1070*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Eugene Minn*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Mary Mayo*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Mary Minn* (Address) *1513 Penna Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Northwood* Date *Dec 29 1936*19. UNDERTAKER *Mr. Geo. N. Holland* (Address) *1621 Penna Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 26 1936*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *charge* thereon and from the evidence obtained by said *charge* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ischemic heart disease
Coronary thrombosis

Other contributory causes of importance:

*Cardiac failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker* M. D.(Address) *1119 E. North Ave*

Coroner

M. D.

Information should be carefully supplied. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

59

C 28

1936

30514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30514

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640-Aisquith Street St. 9-7 (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ruben Thomas Jones

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR No

(a) Residence: No. 2640-Aisquith Street St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Give the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. (Brogan)

6. DATE OF BIRTH (month, day, year) Oct 6/1863

7. AGE Years 73 Months 8 Days 20 If LESS than 1 day 12X 11Y 2 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staty. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wm. Robert Jones (Address) 2640-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral On 12/29/36 19

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/36 36

22. I HEREBY CERTIFY, That I attended deceased from 12/24/36 to 12/26/36 36

I last saw him alive on 12/24/36 36 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

chronic myocarditis
chronic nephritis
arteriosclerosis

Date of onset

prior to 12/24/36

Other contributory causes of importance:

myocardial infarction 12/24/36

Was an operation performed? none Date of

For what disease or injury? none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. Borden M. D.

Address 107 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

C 28 1936

Registrar

F 30515

F 30515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Good

If U. S. Veteran specify WAR

(a) Residence: No. Reliance Va.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|--|
| 3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
|------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Lemuel A. Good
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1877

| | | | | |
|--------------|-------------|-------------|-----------|--|
| 7. AGE 69 | Years 59 | Months 3 | Days 3 | If LESS than 1 day..... hrs. or..... min. |
|--------------|-------------|-------------|-----------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
M.W.12. BIRTHPLACE (city or town) Warren Co., Va.
(State or country)

13. NAME Samuel E. Miller

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Mary E. Grove

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Walter F. Good

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Reliance Va Date Dec. 31, 1936

19. UNDERTAKER Easton Sons

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Edema

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 28, 1936

For what disease or injury? Gall Stones

Name of operation Cholecystotomy Date of Dec. 28

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

M. D.

(Address)

Thrombosis

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

EC 23 1936

F 30516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Monroe Circle St. 5 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carrie H. CornsRegistered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No. 1145 Monroe Circle St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married6. If married, widowed or divorced, name of HUSBAND or (or) WIFE of Stanley Corns6. DATE OF BIRTH (month, day, year) Dec 15 - 18927. AGE Years 44 Months 0 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month, day, year) March 1936 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Balt. Md13. NAME Adolph M. Merkle14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Carrie Apple16. BIRTHPLACE (city or town) (State or country) Balt. Md17. INFORMANT Stanley Corns (Address) 1145 Monroe Circle18. BURIAL, CREMATION, OR REMOVAL Place Fondaco Park Date 12/31/3619. UNDERTAKER Merriam Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 193622. I HEREBY CERTIFY, That I attended deceased from Mar 18 1936 to Oct 21 1936I last saw him alive on Jan 27 1936 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Bilateral Carcinoma Breast
Regional and Generalized
Metastases - Lung etc.

Other contributory causes of importance:

Was an operation performed? no Date of noFor what disease or injury? Carcinoma of
Both Breast - metastases.What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 1936Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no(Signed) James W. Nelson M. D.(Address) 1120 St Paul St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

30517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 W. Puchmy 16-7 St. 7 Ward)Length of residence in city or town where death occurred... yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Helen Lorretta Beaumont GladstoneIf U.S. Veteran
specify WarNo Record

(a) Residence: No.

Exmore, Va.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, name of (or) WIFE of Wm H. Fowler
Miss Gladstone6. DATE OF BIRTH (month, day, year) Apr 11-18667. AGE Years 70 Months 8 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Henry Premier14. BIRTHPLACE (city or town) France
(State or country)15. MAIDEN NAME Mary Hamill16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mabel Palmer
(Address) 1120 Barclay St18. BURIAL, CREMATION, OR REMOVAL London Park Date Dec 31st 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/36, 1922. I HEREBY CERTIFY, That I attended deceased from 12/23/36 to 12/28/36I last saw her alive on 12/27/36 1936. Death is said to have occurred on the date stated above, at 1045 m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

12/27/36

Other contributory causes of importance:

Myocardial infarction 12/27/36Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. Bowden M. D.(Address) 1817 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 23 1936

F 30518

F 30518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2856 Hillen Road St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George G. Woelker

If U. S. Vete

specify WAR

No Record(a) Residence: No. 8 Linsane Ave. St., Balto. Co., Md. Ward. Balto. Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. Color or Race <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Anna Woelker</u> | | |
| 6. DATE OF BIRTH (month, day, year) <u>January 15/1881</u> | | |
| 7. AGE | Years <u>55</u> | Months <u>11</u> |
| | Days <u>12</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Streetkeeper</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u> | |
| | 10. Date deceased last worked in this occupation (month and year) <u>12/27/36</u> | |
| | 11. Total time (years) spent in this occupation <u>1</u> | |

| | |
|---|--|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Balto., Md.</u> |
| | 13. NAME <u>George G. Woelker</u> |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) <u>Md.</u> |
| | 15. MAIDEN NAME <u>Sadie Shipley</u> |
| | 16. BIRTHPLACE (city or town) (State or country) <u>Md.</u> |
| 17. INFORMANT <u>Anna Woelker</u> (Address) <u>8 Linsane Ave.</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Woodlawn</u> Date <u>Dec 30</u> | |

| |
|--|
| 19. UNDERTAKER (Address) <u>Wm. Bok</u> <u>1217 St Paul St</u> |
| 20. FILED <u>29 1936</u> |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Shender M. D.(Address) 1919 E. North Ave.

Coroner

Registrar

30519

John R. Mixer.

F 30519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. Maryland General Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3851 Falls Rd. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jenna B. Mixer | | |
| 6. DATE OF BIRTH (month, day, year) Apr 22 - 1863 | | |
| 7. AGE Years 78 | Months 8 | Days 6 |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

| |
|---|
| 12. BIRTHPLACE (city or town) (State or country) Baltimore Co |
| 13. NAME Columbus Mixer |
| 14. BIRTHPLACE (city or town) (State or country) Md |
| 15. MAIDEN NAME Harriet Lindamore |
| 16. BIRTHPLACE (city or town) (State or country) Baltimore Co |
| 17. INFORMANT Clarence Mixer (Address) 3529 Roland Ave |
| 18. BURIAL, CREMATION, OR REMOVAL St. Mary's Date Dec 31, 36 |
| 19. UNDERTAKER St. Mary's (Address) 3529 Falls Rd |
| 20. FILED |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/36, 19
 22. I HEREBY CERTIFY, That I attended deceased from 11/17/36, 19, to 12/28/36, 19.
 I last saw him alive on 12/28/36, 19. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
 Hypertensive C.V. disease
 Coronary thrombosis

Date of onset

1926?

1926?

12/22

Other contributory causes of importance:

Cerebral Hemorrhage.

Date of onset

12/23

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Jonah A. Hunt.

M. D.

(Address)

Mt. Zion Prof.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

30520

F 30520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs. Hospital St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME John Rueger(a) Residence: No. 4803 Gunther Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKatherine Rueger6. DATE OF BIRTH (month, day, year) May 22nd 18547. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 7 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm
10. Date deceased last worked at this occupation (month and year) Dec. 24th 1936 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland13. NAME George Rueger14. BIRTHPLACE (city or town) Unknown
(State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country) Germany17. INFORMANT Henry Rueger
(Address) 4803 Gunther Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date Dec. 30th 193619. UNDERTAKER Paul Lancher & Son
(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.(Inquest, Autopsy or Inquiry)
The principal cause of death and related causes of importance were as follows:Rupture of Intestine

Other contributory causes of importance:

HemorrhageWas an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 12/26/36 1936Where did injury occur: 4803 Gunther Ave. Baltimore
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place In owner's homeManner of injury Kicked in abdomen by 9 mule.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Kheuber

Coroner

M. D.

(Address) 1917 E. North Ave.

Registrar.

DEC 29 1936

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

M. D. B. 1268-9

30521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Simai Hospital* St. *6-8* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth *20* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *3601 E. Pratt* St. *6-8* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Widowed*6. DATE OF BIRTH (month, day, year) *3-27-1871*7. AGE Years *65* Months *8* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Superintendent*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Shanghai*13. NAME *Winters*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Winters*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Paul Schenker* (Address) *3601 E. Pratt St.*18. BURIAL, CREMATION, OR REMOVAL *Buried* Date *12-29-36*19. UNDERTAKER *Paul Schenker* (Address) *1439 E. Pratt St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 26*, 19*36*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

*Cerebral Apoplexy*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Chival* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

Coroner

M. D.

(Address) *1919 E. North Ave*

29 1936

30522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30522

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat St., 28-1* Ward)Length of residence in city or town where death occurred *20* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth *62* yrs. *0* mo. *0* da.

2. FULL NAME

(a) Residence: No. *Mount Hope Retreat St.,* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April, 1842*7. AGE Years *94* Months *9* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *1870*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Mexico*13. NAME *Mr. R. Benson*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Fannie Thompson*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Mount Hope Retreat Retirement Road*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lorraine Cemetery* Date *Apr 30 1936*19. UNDERTAKER *Henry Gutz* (Address) *1203 1/2 Broadway*

20. FILED

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 28, 1936*22. I HEREBY CERTIFY That I attended deceased from *April 1928* to *Dec. 28, 1936*I last saw him live on *Dec. 28, 1936* Death is said to have occurred on the date stated above, at *9:05 a.m.*

The principal cause of death and related causes of importance were as follows:

Dementia Precox

Date of onset

58 yrs.

Other contributory causes of importance:

Arteriosclerosis? Exhaustion?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? *Findings* *40.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Dementia P. Alayga M.D.
336 Frederick St.

State CAUSE OF DEATH in plain terms, so that it may be understood by all. See instructions on back of certificate. OCCUPATION is very important.

DEC 23 1936

30523

F 30523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Patterson park Ave. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Ott

If U.S. Veteran specify WAR no.

(a) Residence: No.

804 N. Patterson park Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Louise Ott.

6. DATE OF BIRTH (month, day, year) Oct. 24, 1878

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 58 | 2 | 4 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bank Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City County Bldg Assoc

10. Date deceased last worked at this occupation (month and year)

Dec. 14, 1936

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country)

Balt. Md.

13. NAME

Frederick Ott

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Matilda Meyer.

16. BIRTHPLACE (city or town) (State or country)

Balt. Md.

17. INFORMANT

Louise Ott

(Address)

804 N. Patterson park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 30, 1936

19. UNDERTAKER

Mrs. John W. Deifel & Son

(Address)

801 N. Patterson park Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

22. HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

Gastric ulcer
 Crohn's disease
 Terminal illness
 Other contributory causes of importance: thrombosis

Was an operation performed? no Date of 1936
 For what disease or injury? Cancer of the colon

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick Ott M. D.(Address) 804 N. Patterson park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

30524

HEALTH DEPARTMENT—CITY OF BALTIMORE

19440

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Cullington(a) Residence: No. Church Home Inf.-Broadway St., Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/30/18467. AGE Years 6 Months 27 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England (State or country)13. NAME Thomas14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Eliz.16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL London Park Date Dec 29 193619. UNDERTAKER John J. Ramsey (Address) 1900 Eccles

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-193622. I HEREBY CERTIFY. That I attended deceased from 12-12-1936 to 12-27-1936I last saw him alive on 12-27-1936 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)Date of onset 12 days

Other contributory causes of importance

SensitivityWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Ramsey(Address) Baltimore City

DEC 23 1936

F 30525

HEALTH DEPARTMENT—CITY OF BALTIMORE 19303

F 30525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Gould

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

(a) Residence: No. 2202 McCulloh St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|-----------------------------|--|
| 3. SEX male | 4. Color or Race colored | 5. Single, Married, Widowed, or Divorced (write the word) widower |
|----------------|-----------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of Alice
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

| | | | | |
|--------------|-------|--------|------|--|
| 7. AGE 63 | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Benjamin

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 12/29 1936

19. UNDERTAKER Isaiah R. Brown Jan
(Address) 1684 North Ave

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1936 to 12-25 1936

I last saw him live on 12-25 1936 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John F. Kearney
(Address) Baltimore City Hospital

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

F. D. 30526

F. 30526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N. Linwood Ave. St. 6-1 Ward)

Life

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

CHARLES EDWIN JAY

(a) Residence: No. 16 N. Linwood Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Louise Jay
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 20. 18587. AGE Years 78 Months 11 Days 6 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elect. Co.
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Stephen P. Jay14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Elizabeth Wellslager16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mr. Edward J. Jay (Brother)(Address) 3026 Garland Ave. Richmond Va.18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Dec. 29. 193619. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 193622. I HEREBY CERTIFY, That I attended deceased from 12-14-36, 19____, to 12-27, 19____I last saw him alive on 12-21-36, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

94a Coronary ThrombosisDate of onset
12-27-36

Other contributory causes of importance:

142b Sensitivity107 Pneumonia & Cardiac 12-1-36
152 Dehydration ownName of operation none Date of _____What test confirmed diagnosis Chemical & History Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____(Signed) E. V. Peagarden M. D.
(Address) 562 Lexington

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s. 3

EC 29 1936

F 30527 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30527

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 6-4 Ward) 79-a

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

William L. Harris

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.....

(a) Residence: No. 415 N. Ann

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Harris

6. DATE OF BIRTH (month, day, year) Sept 20 1897

7. AGE Years 39 Months 3 Days 3 If LESS than 1 day,hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Margaretville (State or country) N.C.

FATHER 13. NAME Jeff Harris 14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER 15. MAIDEN NAME Annie Murphy 16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Raymond Harris (Address) R.F.D. #1 Box 42, Margaretville N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Margaretville N.C. Date Dec 30, 1936

19. UNDERTAKER Robert Williams (Address) 1515 Maryland St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936, to Dec 23, 1936

I last saw him alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis Date of onset 12-18-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation arterio puncture Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Was there an autopsy? No

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest J. Schweitzer M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

RECEIVED

F 30528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30528

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1116 N. Central Ave* St. *10-1* Ward)Length of residence in city or town where death occurred *5 yrs.* mos. *0* ds. How long in U. S. If of foreign birth? *5 yrs.* mos. *0* ds.

2. FULL NAME

Joseph H. Solbach(a) Residence: No. *1116 N. Central Ave.* St. *10-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Anna Solbach* (last NAME of *Anna*)6. DATE OF BIRTH (month, day, year) *Feb 27 1849*7. AGE Years *87* Months *9* Days *29* If LESS than 1 day..... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto., Md.* (State or country)13. NAME *Mellie Ann Solbach*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mrs. K.*16. BIRTHPLACE (city or town) *"* (State or country)17. INFORMANT *Miss Katharine Solbach* (Address) *1116 N. Central Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemed Chrch.* Date *Dec, 30 1936*19. UNDERTAKER *Henry Fred (Hend) Lee* (Address) *301 E. Eager St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 26 1936*22. I HEREBY CERTIFY. That I attended deceased from *Sept 1927* to *Dec 26 1936*I last saw him alive on *8 30 P* Death is saidto have occurred on the date stated above, at *8 30 P*

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

?

Other contributory causes of importance:

Chr nephritis
Adipose degeneration

?

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Phys Lab* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Gene Barker* M. D.(Address) *1114 N. Hanover St*

OCCUPATION is very important. See instructions on back of certificate.

F 29 1936

F 30529

F 30529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Harford Rd. St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Otto Blase

If U.S. Veteran specify WAR

(a) Residence: No. 3110 Harford Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

3a. If married, widowed, or divorced
HUSBAND of Adelina Blase
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1852

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 84 | 6 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Augusta Roehling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anita L. Blase
(Address) 3110 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec. 29, 1936

19. UNDERTAKER John J. Denney
(Address) 715 Light St.

20. FILED

EC 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 28 - 1936 to 12 - 26 - 1936

I last saw him alive on 12 - 26 - 1936 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Several years

Other contributory causes of importance:

Was an operation performed? no.

Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Jno. B. Aybert
2802 Harford

F 30530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30530

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Hanover St. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosalea Tatum.

If U. S. Veteran

specify WAR

(a) Residence: No. 1137 Hanover St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXX~~ Thomas A. Tatum.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1895

7. AGE Years 41 Months 9 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia.
(State or country)

13. NAME Benjamin Bishop.

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Susan.-----

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Thomas A. Tatum. (husband)
(Address) 1137 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Elmer Date Dec 29, 1936

19. UNDERTAKER Thos J. Gorman
(Address) 1600 Hollins Ave

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains identified above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio vascular disease.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

Signed Thos J. Gorman M. D.
(Address) 1017 S. Charles St.

DEC 29 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

v s e

F 30531

F 30531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 W. Fayette St., 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1903 W. Fayette St., 70-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of the late John J. Sullivan (or) WIFE of Hubman 18716. DATE OF BIRTH (month, day, year) Hubman 18717. AGE 65 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Ireland (State or country)13. NAME Bernard Manning14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Catherine Ward16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs. Katherine R. Bayley (Address) 1903 W. Fayette18. BURIAL, CREMATION, OR REMOVAL Reburied at Date 12/30/193619. UNDERTAKER John J. Conway & Son (Address) 901 S. Hollan St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/193622. I HEREBY CERTIFY, That I attended deceased from 12/30/1936 19, to 12/28/1936 19.I last saw her alive on 12/28/1936 19. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Other contributory causes of importance:

Chronic myocarditis & hypertensionBright diseaseWas an operation performed? 0 Date of 0For what disease or injury? 0Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0 19Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? 0If so, specify 0(Signed) 0 (Address) 0

M. D.

state CAUSE OF DEATH in plain language. See instructions on back of certificate. OCCUPATION is very important.

EC 23 1936

✓ F 30532 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 652 W. Franklin St. 17-1 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Carnaggio

(a) Residence: No. 652 W. Franklin St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of Annie Carnaggio (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18, 1873

7. AGE Years 63 Months 0 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Annie Carnaggio (Address) 652 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 30, 1936

19. UNDERTAKER E. Leroy Stiffler, Inc. (Address) 125 E. North Avenue

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936 to Dec. 27, 1936

I last saw him alive on Dec. 27, 1936. Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

unknown

Other contributory causes of importance

Metastases to lungs, brain.

unknown

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. J. Commiselle, M. D. Medical Arts Bldg.

EC 29 1936

30533

F 30533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Warner St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME

(a) Residence: No. 910 Warner St., - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed or divorced HUSBAND of Judy B Wilson (or) WIFE of6. DATE OF BIRTH (month, day, year) Feb - 14 - 18687. AGE Years 68 Months 10 Days 13 If LESS than 1 day, - hrs. or - min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Repair10. Date deceased last worked at this occupation (month and year) 12/1/30 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Jonesville (State or country) Virginia13. NAME Ben Wilson14. BIRTHPLACE (city or town) Jonesville (State or country) Virginia15. MAIDEN NAME Fiza16. BIRTHPLACE (city or town) Bull Run (State or country) Virginia17. INFORMANT Judy B Wilson (Address) 910 Warner St18. BURIAL, CREMATION, OR REMOVAL mt. Athol Place Walter B Spriggs Date 4/1/3119. UNDERTAKER Walter B Spriggs (Address) Walter B Spriggs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/3622. I HEREBY CERTIFY. That I attended deceased from 12/10/30 to 12/27/36I last saw him alive on 12/26/30 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis
Arterio Sclerosis
1st attack 12/10/30

Date of onset

Other contributory causes of importance:

Name of operation none Date of -What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify -(Signed) Daniel J. Franklin M. D.(Address) 122 W Lee

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

EC 29 1936

F 30534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30534

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Poplar Grove St 16-7 Ward)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Joseph Lee Fergusson

(a) Residence: No. 1117 Poplar Grove St. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Lillian Fergusson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1877

7. AGE Years 59 Months 10 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) Dec 8 1936 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME William J. Fergusson

14. BIRTHPLACE (city or town) Manchester (State or country) Va

15. MAIDEN NAME Mary Ann H. Fox

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Lillian Fergusson (Address) 1117 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Dec 30 1936

19. UNDERTAKER Harry Armacoost & Son (Address) 4204 Ridgewood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 12 1936 to Dec 27 1936

I last saw him alive on Dec 26 1936. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral occlusion

Date of onset

Sept 1936

Other contributory causes of importance:

Bronch pneumonia

12/21/36

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

DEC 29 1936

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

30535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 N. Stricker St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mo. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1357 N. Stricker St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Jones

c. DATE OF BIRTH (month, day, year) Jan 1 - 1880

7. AGE Years 56 Months 11 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 12/31/1936 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Herman Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address) 1357 Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date 12/31/1936

19. UNDERTAKER

(Address)

Thomas E. Kelson
1303 Presstman St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936 to Dec 27, 1936

I last saw him alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis 12/26/36

Date of onset

Other contributory causes of importance:

None

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

None

Date of

What test confirmed diagnosis?

Physical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. H. Wright

M. D.

(Address)

1209 Presstman St.

30536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30536

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Hugo Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2724 Hugo Ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single Married, Widowed, or Divorced (write the word) S.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 19147. AGE Years 22 Months 8 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.13. NAME Edward L. Bone14. BIRTHPLACE (city or town) (State or country) Balt.15. MAIDEN NAME Anth M. Bone16. BIRTHPLACE (city or town) (State or country) Balt. Md.17. INFORMANT Edward L. Bone (Address) 2724 Hugo Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 12/30 193619. UNDERTAKER Leonard J. Bone (Address) 3015 Bedford Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to 12-28-36 1936I last saw him alive on 12-28-36, 1936. Death is said to have occurred on the date stated above, at 12-28-36 m.

The principal cause of death and related causes of importance were as follows:

Exhaustion + Toxaemia

Date of onset

Other contributory causes of importance:

Pulmonary TuberculosisWas an operation performed? ✓ Date of 12-28-36For what disease or injury? ✓What test confirmed diagnosis? C Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? C Date of injury 12-28-36Where did injury occur? CSpecify whether injury occurred in industry, in home, or in public place CManner of injury CNature of injury C

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Clara E. Jones M. D.(Address) 4206 Hampden Road

State CAUSE OF DEATH in plain terms on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

28 1936

Registrar.

12-28-36

M. D. R. 1279
30537

✓ F 30537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 115 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Walter Coursey(a) Residence: No. 795 Carroll St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 16, 18937. AGE Years 43 Months 5 Days 12 If LESS than 1 day, hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME John Walter Coursey
14. BIRTHPLACE (city or town) Prince George County
(State or country) Maryland15. MAIDEN NAME Ida May Griffith16. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland17. INFORMANT Mrs. Stella Pledge
(Address) 795 Carroll St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Dec 31, 193619. UNDERTAKER Joseph H. Hood
(Address) 1003 N. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 193622. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed)

Coroner

M. D.

(Address) 2757 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly entered. See instructions on back of certificate. OCCUPATION is very important.

v s s

C 23 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30538

30538

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E Lombard St., Ward 12)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1803 E Lombard St., Ward 12. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female 4. Color or Race ☒ White ☐ Black ☐ Other 5. Single, Married, Widowed, or Divorced (write the word) ☒ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gregory Mayer

6. DATE OF BIRTH (month, day, year) Dec 28 1864

7. AGE Years 72 Months 10 Days 11. Total time (years) spent in this occupation

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Urban

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Urban

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Mayer (Address) 1803 E Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 31, 1936

19. UNDERTAKER Martin W. C. Huppel (Address) 31 S. Green St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

22. I HEREBY CERTIFY That I attended deceased from March 1936 to Dec. 28, 1936

I last saw her alive on Dec. 28, 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Nephritis & Myocarditis ?

Other contributory causes of importance:

Cardio-vascular shock 1 day

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Max J. Jengels M. D.

(Address) 1002 E. Pratt St.

See instructions on back of certificate.

FILED 1936

F 30539

F 30539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Harlem Ave. St. 16-5 Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Greenwood, If U. S. Veteran specify WAR

(a) Residence: No. 2520 Harlem Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) October 18. 1847

7. AGE Years 89 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Joseph Greenwood,

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Margaret Warner,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Miss Belle Hanaway, (Address) 2520 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date DEC 31 1936

19. UNDERTAKER See W. Little (Address) 2700 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 36 to Dec 28 36

I last saw him alive on Dec 28 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency

Other contributory causes of importance:

Old age, arteriosclerosis

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

state CAUSE OF DEATH in plain terms so that it may be read by any one. See instructions on back of certificate. OCCUPATION is very important.

DEC 29 1936

✓ F 30540

30540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 76-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. / ds. How long in U. S. If of foreign birth: yrs. mos. ds.

U. S. Veteran
specify WAR

2. FULL NAME

Richard Sivula.

(a) Residence: No. Grove Rd nr. N. Point Rd, Baltore Md.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 42 | | | | |

| | | |
|------------|---|---------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Heater, Beth. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | steel Co. |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Finland.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Casper Tilbacka.
(Address) Grove Rd nr N. Point Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date Dec. 30, 1936

19. UNDERTAKER John J. Connelly
(Address) 10000 1st St. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the Skull
Automobile Accident

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident 12/27/36
Accident, suicide, or homicideWhere did injury occur? N. Point Rd. nr Grove Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while

Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased?

No

If yes specify

(Signed) M. K. Reinhardt

Coroner

M. D.

12/29/36 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

DEC 28 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30541

CERTIFICATE OF DEATH

 Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed,
 or Divorced (write the word) _____

 5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE

Years

Months

Days

 If LESS than
 1 day, _____ hrs.
 or 10 min.

 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

 10. Date deceased last worked at
 this occupation (month and
 year) _____

 11. Total time (years)
 spent in this
 occupation _____

 12. BIRTHPLACE (city or town)
 (State or country) _____

13. NAME

 14. BIRTHPLACE (city or town)
 (State or country) _____

15. MAIDEN NAME

 16. BIRTHPLACE (city or town)
 (State or country) _____

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____

19. UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

 22. I HEREBY CERTIFY, That I attended deceased from
 Dec. 28-31, 19, to Dec 28-31, 19.

 I last saw him alive on Dec 28-31, 19, death is said
 to have occurred on the date stated above, at 4:40 P.M.

 The principal cause of death and related causes of
 importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

 23. If death was due to external causes (violence) fill in also the
 following: Accident, suicide, or homicide? _____ Date of injury _____, 19.

Where did injury occur? _____

 Specify whether injury occurred in industry, in home, or in public
 place. _____

Manner of injury _____

Nature of injury _____

 24. Was disease or injury in any way related to occupation of
 deceased? _____ If so, specify _____

(Signed) _____

(Address) _____

M. D.

 State cause of death in plain terms. See instructions on back of certificate.
 OCCUPATION is very important.

 20. FILED
 1936

28-31

Registrar

F 30542 HEALTH DEPARTMENT—CITY OF BALTIMORE 30542

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Taylor

(a) Residence: No. 421 Worsley St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Taylor

6. DATE OF BIRTH (month, day, year) 7-2-1911

7. AGE Years 25 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Aston Conway

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Myra ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University Med Sch Dec 29, 1936

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1936 to 12-22, 1936

I last saw him alive on 12-22, 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Renal Disease

Date of onset

1 yr.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If not specify

(Signed)

John F. Ramsey
Baltimore City Hospital

M. D.

See instructions on back of certificate. OCCUPATION is very important.

C 23 1936

2866

30543 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19632

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Baby Boy Langley

(a) Residence: No. 520 S. Highland Avenue St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-36

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country) Hospitals

13. NAME Watler Langley

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Charlotte Schultz

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL University Med Sch Dec 29, 1936

19. UNDERTAKER Commissioner of Health (Address)

20. FILED Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/20/36 to 12/24/36. I last saw her alive on 12/24/36. Death is said to have occurred on the date stated above, 6:55 A m. 12:55 P.m.

The principal cause of death and related causes of importance were as follows:

Respiratory
Intercranial Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Kadan M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

29 1936

2861

F 30544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30544

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME Lorey B. Stone Jr.

If U. S. Veteran

specify WAR.

(a) Residence: No. Glen Burnie, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1917

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day,hra. ormin. |
| | 19 | 5 | 8 | |

| | | |
|------------|---|------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Plumber's helper |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | 0059 |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Lorey B. Stone Sr.

14. BIRTHPLACE (city or town) Laurel, Md.
(State or country)

15. MAIDEN NAME Pearl M. German.

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mrs. Henry D. Dunn. (mother)
(Address) Glen Burnie, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elder Hill Date 12/31 1936

19. UNDERTAKER Thomas W. [unclear]
(Address) Glen Burnie, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of cervical vertebrae
Fall from driver's seat of automobile

Date of onset 12/28/36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? Annapolis Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Fire blown out of tree
Nature of Injury Auto against tree

24. Was disease or injury in any way related to occupation of deceased?

No
Signed Otto M. Pinchard
(Address) 1017 S. Charles St.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

C 29 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30545

F 30545

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St. 23 Ward 3)2-FULL NAME George Conrad Klippert(A) RESIDENCE NO. 15 32 S. Charles St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds.How long in U. S., if of foreign birth? 35 yrs. mos. ds.(If death occurred
a hospital or insti-
tution, give its NAM
instead of street ad-
number and fill out N
18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed,
or Divorced, (write the word) Married6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie M. Klippert6 DATE OF BIRTH (month, day, and year) June 22, 18807 AGE Years 56 Months 6 Days 5 IF LESS than
1 day.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Roofing and Painting
(b) General nature of industry,
business, or establishment in
which employed (or employer) Roofing Business
(c) Name of employer Wm. F. Sellers

9 BIRTHPLACE (city or town)

(State or country) Germany10 NAME OF FATHER Conrad Klippert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany12 MAIDEN NAME OF MOTHER Eliza (J. H. K.)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany14 Informant Mamie M. Klippert
(Address) 15 32 S. Charles St. (Wife)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 193617 I HEREBY CERTIFY, That I took charge of the
remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said Inquiry (Inquest, a
copy or inquiry.) and that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull (over)

(duration) yrs. mos.

CONTRIBUTORY
(Secondary)Internal Cranial Hemorrhage

(duration) yrs. mos.

(Signed) Paul Wheeler M.
(Coroner), 19 (Address) 1919 E. North Ave.*State the Disease Causing Death, or in deaths from Violent
Causes, state (1) Means and Nature of Injury, and (2) Whether Acci-
dental, Suicidal, or Homicidal. (See reverse side for additional space)18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transi-
ents, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Woodlawn Cem Dec 31, 193620 UNDERTAKER A. J. Gorman & Sons 1400 N. Ave.tion should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

29 1936

F 30546

30546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1753 Clarkson St. St. 2-2 Ward)

Length of residence in city or town where death occurred 47 yrs 10 mo 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. DeBow.

(a) Residence: No. 1753 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married |
|----------------|---------------------------|---|

5a. If married, ~~XXXXXX~~
HUSBAND of
~~XXXXXX~~ Margaret DeBow.

6. DATE OF BIRTH (month, day, year) February 8, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|--|
| | 47 | 10 | 19 | |

8. Trade, profession, or particular kind of work done, as operator, sawyer, bookkeeper, etc. Telephone lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

12. BIRTHPLACE (city or town).....Baltimore, Md.
(State or country)

| | |
|----------|-------------------|
| 13. NAME | William E. DeBow. |
|----------|-------------------|

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. MAIDEN NAME Mary V. Wann

16. BIRTHPLACE (city or town) _____
(State or country) Balto. Co. Md

17. INFORMANT Margaret DeBow. (wife)
(Address) 1753 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Bureau Date Dec 31

19. UNDERTAKER
(Address)

23 FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said **inquiry** find that said deceased came (United Agency of Inquiry)

his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Other contributory causes of importance:

Was an operation performed?.....**No**..... Date of

For what disease or injury?

[illegible]

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____

(Signed) *Ollo R. Winke*
12/29/36 1017 S. Charles St. Corone

M. D.

30547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30547

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-2 Ward)Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Hattie Richardson

(15406)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WALT _____

(a) Residence: No. 717 Harlem Avenue

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) ???7. AGE Years 25 Months _____ Days _____ If LESS than 1 day... hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME Jack Robinson14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME Crete ??16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Victoria, Va. Date 30/12 193619. UNDERTAKER R. C. Richardson (Address) 1120 Laurel Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 193622. I HEREBY CERTIFY. That I attended deceased from August 31, 1936 to December 28, 1936I last saw her alive on December 28, 1936. Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of LungsDate of onset June 1936

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Where an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signature) Jerome H. Buntley M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

EC 30 1936

30348²⁵

Dockery

F 30548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William C. Hockensy

(a) Residence: No. Hockensy - Miss St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

11/11/65

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

71

1

18

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cotton Dealer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Cotton Mill

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Miss

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

J C. Hockensy

14. BIRTHPLACE (city or town)
(State or country)

N. Can -

15. MAIDEN NAME

Fanny Higgins

16. BIRTHPLACE (city or town)
(State or country)

N. Can -

17. INFORMANT

(Address)

Hockensy -
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Cremation - Dec 30, 1936

19. UNDERTAKER

(Address)

1003 N. Falls Street

20. FILED

C 33 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec. 29, 1936

22. I HEREBY CERTIFY. That I attended deceased from
Nov. 27, 1936 to Dec 29, 1936I last saw him alive on Dec. 29, 1936. Death is said
to have occurred on the date stated above, at 6:12 p.m.The principal cause of death and related causes of
importance were as follows:Hypo-static Pneumonia
at both bases
Central Arteriosclerosis

Date of onset

14/1/36

Other contributory causes of importance:

Generalized Arteriosclerosis
Senility

?

?

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

Chemical

Was there an autopsy? Yes?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Rambis C. Blount

M. D.

(Address)

Johna Hopkins Hosp.
Balt. Md.

F 30549

F 30549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Belair Rd. St. 8-1 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary A Schofield(a) Residence: No. 3009 Belair Rd. St. Ward, (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced Widowed of James Nelson Schofield (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 15 - 18887. AGE Years 48 Months 11 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME Henry F Demitz14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Catherine Schulte16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT William D Schofield(Address) 3009 Belair Rd18. BURIAL, CREMATION, OR REMOVAL Balto County Date Dec 31 3619. UNDERTAKER William Cook(Address) 1217 S Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 3622. I HEREBY CERTIFY, That I attended deceased from July 1936 to Dec 29 36I last saw her alive on Dec 28 1936 Death is said to have occurred on the date stated above, at 8:30 A

The principal cause of death and related causes of importance were as follows:

Chr. nephritisDate of onset 1935

Other contributory causes of importance:

Coronary Vascular ChangesWas an operation performed? no Date ofFor what disease or injury? noWhat last confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If not, specify

(Signed) Wm J Hinger M. D.(Address) 2700 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1936

30550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30550

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 E. 28th St., 12th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 2 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.2. FULL NAME Mary E. CramerIf U.S. Veteran, specify War: No Record(a) Residence: No. 342 E. 28th St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If ~~married~~ widowed, ~~divorced~~ 2 Cramer
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 26th 18597. AGE Years 77 Months 8 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Dr. Geo. S. Tolson14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Eliza R. Jones16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Beatrice C. Valiant
(Address) 342 E. 28th St18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 31/3619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1936 to Dec. 28th 1936I last saw him alive on Dec 28, 1936 Death is said to have occurred on the date stated above, at 2nd P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Arterio SclerosisWas an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, specifySigned Frederick J. Oren M. D.(Address) 2827 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

EC 30 1936

30551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30551

CERTIFICATE OF DEATH

19675

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-3 Ward)Length of residence in city or town where death occurred life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Willard

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran Record
specify WAR _____(a) Residence: No. 1711 Olive Street St. 0 Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 5-9-19367. AGE Years 7 Months 19 Days 19 If LESS than 1 day, 0 hrs. or 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME John Willard
14. BIRTHPLACE (city or town) Foot Washington
(State or country) Md.MOTHER 15. MAIDEN NAME Eva Phelps
16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date Dec 30th 193619. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/36, 19 3622. I HEREBY CERTIFY, That I attended deceased from 12/20/36, 19 36 to 12/28/36, 19 36I last saw her alive on 12/28/36, 19 36. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
EmpyemaDate of onset
12/18/36
12/21/36

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. J. Alexander M. D.(Address) Baltimore City Hosp.

30552

F 30552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1123 Hawth St* St. *24-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. *6* mos. *6* ds. How long in U. S. If of foreign birth? *6* yrs. *6* mos. *6* ds.2. FULL NAME *Antonius Braun*If U.S. Veteran
specify WAR _____(a) Residence: No. *1123 Hawth St* St., *24-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE *Alexander Braun*6. DATE OF BIRTH (month, day, year) *May 25 1875*7. AGE Years *60* Months *7* Days *3* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *37*12. BIRTHPLACE (city or town, State or country) *Poland*13. NAME *Unk.*14. BIRTHPLACE (city or town, State or country) *Poland*15. MAIDEN NAME *Unk.*16. BIRTHPLACE (city or town, State or country) *Poland*17. INFORMANT *A. Braun*
(Address) *1123 Hawth St*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary* Date *Dec 31 1936*19. UNDERTAKER *Fred W Ozagowski*
(Address) *1930 Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 28 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov 1st* to *Dec 28 1936*I last saw him alive on *Dec 28 1936* Death is said to have occurred on the date stated above, at *11/24/36*The principal cause of death and related causes of importance were as follows: *Acute Cardiac Dilatation*Other contributory causes of importance: *Severe myocarditis 1934*
*Valvular heart disease*Was an operation performed? *No* Date of _____

For what disease or injury? _____

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. J. [illegible]* M. D.(Address) *1123 Hawth St*

OCCUPATION is very important. See instructions on back of certificate.

C 30 1936

F 30553

F 30553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11 Joseph Hospital* St. *27-2* Ward)Registered No. *107-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *66* yrs. *6* mos. *10* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4314 Arabia Ave.* St. *27-2* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 18, 1870*7. AGE Years *66* Months *6* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House-work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *George Schipperling*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Barbara Streib*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Charles Schipperling*
(Address) *1239 Hanover St*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Dec 30, 1936*19. UNDERTAKER *John P. Denney*
(Address) *715 Light St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 28, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 22, 1936* to *Dec 28, 1936*I last saw him alive on *Dec 28, 1936* Death is said to have occurred on the date stated above, at *1:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia 347

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Frank R. Stephenson* M. D.(Address) *St. Joseph's Hospital*

OCCUPATION is very important. See instructions on back of certificate.

EC 33 1936

F 30554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinia Hosp. St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. How long in U. S. If of foreign birth? Life yrs. mos. ds.

If U. S. Veteran

specify WAR.

2. FULL NAME

Richard G. Garrett(a) Residence: No. 2802 Clifton Park Terrace Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Madlin Garrett
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 4/19027. AGE Years 34 Months 5 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theresa. Steamship Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME William C. Garrett14. BIRTHPLACE (city or town) Deer Park Garrett
(State or country) Co Md.15. MAIDEN NAME Barbara E. Rosenberger16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Madlin Garrett (wife)
(Address) 2802 Clifton Park Ter.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 31 193619. UNDERTAKER Lilly & Zeller
(Address) 4025 N. Wolfe St.

20. WITNESSES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry (Inquest, Autopsy, or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tuberculosis pneumonia

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of NoWhat test confirmed diagnosis Autopsy Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler M. D.(Address) 1914 E. North Ave.

Coroner

M. D.

State cause of death in plain language. See instructions on back of certificate. OCCUPATION is very important.

v s e

EG 30 1936

F 30555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30555

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Florence H. Field(a) Residence: No. 813 Tessier St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12 18827. AGE Years 54 Months 3 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Thomas H. Twenty 14. BIRTHPLACE (city or town) Balto. (State or country) Md.15. MAIDEN NAME Agnes Dorsey 16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Agnes Halley (Address) 813 Tessier St.18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date 12/31/ 193619. UNDERTAKER Mrs. Frances A. Hemmley (Address) 578 W. Biddle St.20. FILED 12/31/ 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day dated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension

Other contributory causes of importance:

Tubercular pneumoniaWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler Coroner(Address) 1919 E. North Ave

M. D.

See instructions on back of certificate.

v s e

F 30556 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-e*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *7087 Carrollton ave* Ward *6-1*)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Mary F De Costa
(a) Residence: No. *7087 Carrollton ave* St. *6-1* Ward. *6-1*
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *C.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced
HUSBAND of *Alfredo De Costa*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 12 1873*
7. AGE Years *63* Months *3* Days *16*
If LESS than
1 day... hrs.
or... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Annapolis Md.*
(State or country)

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Md.*
(State or country)

15. MAIDEN NAME *Marritte ?*

16. BIRTHPLACE (city or town) *Md.*
(State or country)

17. INFORMANT *Eva Williams*
(Address) *7087 Carrollton ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *Laurel Cem* Date *1/1/1937*

19. UNDERTAKER *Mrs. Frances A Hemmley*
(Address) *578 W. Biddle St.*

20. FILED *1936* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 28* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *May 5* 19*36* to *Dec 28* 19*36*

I last saw her alive on *Dec 24* 19*36*. Death is said to have occurred on the date stated above, at *11:25 P. M.*

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
3
over

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Loroy Wright* M. D.

(Address) *117 W. Saratoga St.*

OCCUPATION is very important. See instructions on back of certificate.

30557 HEALTH DEPARTMENT—CITY OF BALTIMORE 30557

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 M & Cadell St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1716 M & Cadell St., Ward. (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race R. 5. Single, Married, Widowed, or Divorced Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17th 1880

7. AGE Years 36 Months 5 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ph. V. Bond
10. Date deceased last worked at this occupation (month and year) B. 1904
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balt. Md.

13. NAME John E. Bledsoe
14. BIRTHPLACE (city or town, State or country) Balt. Md.

15. MAIDEN NAME Mrs. Smith

16. BIRTHPLACE (city or town, State or country) A. A. B. Md.

17. INFORMANT (Address) 1716 M & Cadell St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem 12/30 1936

19. UNDERTAKER (Address) Mrs. Frances A. Hemmley 578 W. Biddle St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/36 19

22. I HEREBY CERTIFY That I attended deceased from Sept. 17th 1936 to 12/27/36 19

I last saw him live on 12/24/36 19 Death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and other causes of importance were as follows: Myocarditis Date of onset

Other contributory causes of importance: Following Bronchitis Pneumonia 7/1/36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? (Specimen) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) A. E. Ellis M. D.

(Address) 1716 M & Cadell St.

OCCUPATION is very important. See instructions on back of certificate.

30 1536

30558

19569

F 30558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. 11-4 mos. 11-4 ds. How long in U. S. If of foreign birth? yrs. 11-4 mos. 11-4 ds.If U. S. Veteran
specify WAR2. FULL NAME Lillie Balis(a) Residence: No. 1014 N. Eutaw St., St. 11-4 Ward. 11-4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Frank
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-6-18977. AGE Years 39 Months 8 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME John Brown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Sarah ?16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place mt Calvary Am. 12/30 193619. UNDERTAKER
(Address) Chas. H. Cropper
514 N. Calver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 193622. I HEREBY CERTIFY, That I attended deceased from 12-17 1936 to 12-27 1936I last saw her alive on 12-27 1936 Death is said to have occurred on the date stated above, at 530 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Pyelonephritis with Uremia Date of onset symptoms 2 mks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Rainey M. D.(Address) Baltimore City Hospital

EC 30 1936

F.M. 30559

F 30559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Hope St. St. 9-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen G. German(a) Residence: No. 1920 Hope St. St. 9-4 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran? No Record
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 12th 18967. AGE Years 40 Months 6 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linden Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Jonathan German14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Mary Wilson16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Etta Phillips
(Address) 731 E. Preston St.18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date January 193719. UNDERTAKER William Book
(Address) 1217 S. Park Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence obtained by said _____ find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Arterial degenerationWas an operation performed? No Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Schenck Coroner(Address) 1918 E. North Ave.

M. D.

C 39 1936

See instructions on back of certificate.

30560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30560

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S Monroe St., 19-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 313 S Monroe St., 19-4 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C Gorsuch6. DATE OF BIRTH (month, day, year) Oct 29, 18667. AGE Years 70 Months 10 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oil 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore, Md13. NAME William F Cole14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Lucinda Washfield16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Emory Lowman(Address) 313 S Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bur Date 12/31

19. UNDERTAKER

(Address) 1217 S. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 193622. I HEREBY CERTIFY. That I attended deceased from 3/11 1935 to 12/29 1936 I last saw her alive on 12/29 1936 Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive Cardio-Renal Disease

Date of onset

(?)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. W. Drippen(Address) 1326 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

C 30 1936

30561 HEALTH DEPARTMENT—CITY OF BALTIMORE 30561

CERTIFICATE OF DEATH

X-139-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Elkridge St. Ward

If U.S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Grubb

6. DATE OF BIRTH (month, day, year) March 4, 1909

7. AGE Years 27 Months 9 Days 26 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Horsebugles

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Stephen Fielder

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia C. Shupe

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marion Grubb (Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Rural Retreat, Va. Date Dec 31, 1936

19. UNDERTAKER J. C. Kiginbotham Jr. (Address) Elkridge City, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1936 to Dec 30, 1936

I last saw her alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 12:45 A.

The principal cause of death and related causes of importance were as follows:

ovarian disease
fecal fistula

Date of onset

10/10/36

11/4/36

own

Other contributory causes of importance:

nutritional anemia
infection

Was an operation performed? yes Date of 11/14/36

For what disease or injury? ovarian disease

What test confirmed diagnosis Operation Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) George H. Davis, M.D.

(Address) University Hospital

DEC 30 1936

[Handwritten signature]

OCCUPATION is very important. See instructions on back of certificate.

F 30562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hosp.*

CITY OF BALTIMORE: (No. *12-2* St. *46-T3* Ward)

Length of residence in city or town where death occurred *life* yrs. *12* mos. *2* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Mr. Robert Fusselbough*

(a) Residence: No. *Hopkins Apts* St. *46-T3* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *Emma Fusselbough*

6. DATE OF BIRTH (month, day, year) *Aug 29 1862*

7. AGE Years *74* Months *4* Days *—* If LESS than 1 day, *—* hr. *—* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*
10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *W. H. B. Fusselbough*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

15. MAIDEN NAME *Sarah R. Hahn*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

17. INFORMANT *W. R. H. Henderson* (Address) *Hopkins Apts.*

18. BURIAL, CREMATION, OR REMOVAL *Truist Ridge* Date *Dec. 31-36*

19. UNDERTAKER *J. B. Thickett & Son* (Address) *1200 E. Pratt St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 29 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 19 1936* to *Dec 29 1936*

I last saw *him* alive on *Dec 29 1936*. Death is said to have occurred on the date stated above, at *2:40* p.m.

The principal cause of death and related causes of importance were as follows: *Carcinoma of stomach*

Date of onset *1935*

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *—*

(Signed) *L. Clagitt, Seal* M. D.

(Address) *Union Memorial Hosp.*

DEC 30 1936

OCCUPATION is very important. See instructions on back of certificate.

F 30563

F 30563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S. Fremont St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 329 S. Fremont St. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of Elizabeth Murray (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1881

7. AGE Years 55 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Elizabeth Murray (Address) 329 S. Fremont St. E.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Bury Date Jan 1, 1938

19. UNDERTAKER (Address) 1345 E. Pratt St. Baltimore, Md.

20. FILE NO. 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-36

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936 to Dec 29, 1936

I last saw him alive on Dec 28, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 12-29-36

Other contributory causes of importance: none

Name of operation: none Date of: none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

Address

M. D.

30564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30564

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *18* Ward) *34a-107-4*

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

James Harrington
942 Booth St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male**Colored**—*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*7*

OCCUPATION

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

FATHER

13. NAME

Henry B. Law

14. BIRTHPLACE (city or town) (State or country)

S. Carolina

MOTHER

15. MAIDEN NAME

Jane Harrington

16. BIRTHPLACE (city or town) (State or country)

N. Carolina

17. INFORMANT

(Address)

Jane Harrington

18. BURIAL, CREMATION, OR REMOVAL

Not Buried Date *Dec 30 1936*

19. UNDERTAKER

(Address)

Josephus Halstead
818 Second St. S.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

12-27-36

22. I HEREBY CERTIFY. That I attended deceased from

*December 7, 1936, to December 27, 1936.*I last saw h. / M. alive on *December 27, 1936.* Death is said to have occurred on the date stated above, at *5:30* m.

The principal cause of death and related causes of importance were as follows:

Sepsaemia

Date of onset

12/12/36

Other contributory causes of importance:

*Bronchopneumonia**Dec 31/36*

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph E. Bush, M. D.
University Hospital

DEC 30 1936

F 30565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Wick P. Balto. General Hospital

Registered No.

CITY OF BALTIMORE: (No.)

St., 28 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Dennis Hess

If U. S. Veteran specify WAR

(a) Residence: No.

3225 Midway Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hess

6. DATE OF BIRTH (month, day, year) Aug. 27 1850

7. AGE 86 Years 4 Months 1 Day If LESS than 1 day, ...hra. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 3225 Midway Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Date Dec 31 1936

19. UNDERTAKER (Address) 4800 Redwood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sarcema

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. H. M. D.

(Address) 1215 N. ...

state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1936

F 30566

HEALTH DEPARTMENT—CITY OF BALTIMORE

30566

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *3-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *4 - South High* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <i>Female</i> | 4. Color or Race <i>White</i> | 5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

| | | | |
|--|----------|----------|---|
| 6. DATE OF BIRTH (month, day, year) <i>July 20, 1935</i> | | | |
| 7. AGE | Years | Months | Day |
| | <i>1</i> | <i>5</i> | <i>9</i> |
| | | | If LESS than 1 day, hrs. min. |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind.*

| | |
|--------|---|
| FATHER | 13. NAME <i>Abraham Greenberg</i> |
| | 14. BIRTHPLACE (city or town) <i>New York</i> (State or country) <i>N. Y.</i> |

| | |
|--------|---|
| MOTHER | 15. MAIDEN NAME <i>Lena Zischer</i> |
| | 16. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Ind.</i> |

17. INFORMANT *Abraham Greenberg* (Address) *4 S. High St*18. BURIAL, CREMATION, OR REMOVAL Place *Wheaton Cemetery* Date *12-20-36*19. UNDERTAKER *Joe Levine Inc* (Address) *1324 E. Baltimore St*20. FILED *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 29, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 29, 1936* to *Dec. 29, 1936*I last saw h. E. R. alive on *Dec. 29, 1936* Death is said to have occurred on the date stated above, at *5:40 P. M.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia
Bronchopneumonia
Encephalitis*

Date of onset

*Dec. 5**12/20**12/26*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Sidney Selman* M. D.(Address) *Sydenham Hospital*

30 1936

F 30567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp 13-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. How long in U. S. If of foreign birth? *3* yrs.

2. FULL NAME

(a) Residence: No. *Union Memorial Hosp* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Belle*

6. DATE OF BIRTH (month, day, year)

7. AGE *64* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hotel* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Business* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0086*

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Donald Levinson* (Address) *Franklin Gardens*

18. BURIAL, CREMATION, OR REMOVAL *12-30-36* Date

19. UNDERTAKER *John Lewis Inc* (Address) *1439 E. Baltimore St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12-30-36*, 19

22. I HEREBY CERTIFY. That I attended deceased from *Dec 26*, 19*36* to *Dec 30*, 19*36*

I last saw him alive on *Dec 30*, 19*36* Death is said to have occurred on the date stated above, at *12:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset *12-23-36*

Other contributory causes of importance:

hyp

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

L. Clayton, M.D.
Union Memorial Hosp

EC 30 1936

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-18 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

2. FULL NAME Anna Garrel

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 4915 Litchfield Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 12/28/1899

7. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Percy Euzent

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Meyers

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 12/31/36

19. UNDERTAKER (Address) 1939 61 Balto. St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1936 to 12-29-1936

I last saw him alive on 12-29-1936 Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 18 mo

Other contributory causes of importance

An Embolism 5 min

Was an operation performed? yes Date of 12-29-36

For what disease or injury Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) Balt. City Hosp.

EC 39 1936

✓ F 30569

F 30569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Levinsdale

CITY OF BALTIMORE: (No.

Hebrew Home for aged 27-11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

2 yrs.

mos.

ds.

How long in U. S. If of foreign birth

50

2. FULL NAME

Mrs Lena Halper

(a) Residence: No.

Belvedere Freespring Ave

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Female | White | Widow |

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Abraham Halper

6. DATE OF BIRTH (month, day, year)

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 78 | | | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

Housework

12. BIRTHPLACE (city or town, State or country)

Russia

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town, State or country)

Russia

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town, State or country)

Russia

17. INFORMANT

(Address)

Sig. Feinblatt, Suph
Hebrew Home for aged

18. BURIAL, CREMATION OR REMOVAL

Place

Hebrew Home for aged

19. UNDERTAKER

(Address)

Jace Levine Inc
1429 E. Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1936, to 12-30, 1936

I last saw her alive on 12-30, 1936. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
 Ch. Myocarditis
 Atherosclerosis
 Hypertension

Date of onset

12-28-36

Other contributory causes of importance:

Ch. Bronchitis

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edmund Levine

M. D.

(Address)

Levinsdale

FILED

33 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30570

CERTIFICATE OF DEATH

107-2-30570
Registered No.1. PLACE OF DEATH 1120 Russell St.
CITY OF BALTIMORE: (No. 1120 Russell St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ringgold

(a) Residence: No. 1120 Russell St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Felix Ringgold

7. DATE OF BIRTH (month, day, year) May 11 1856
8. Age Years 78 Months 7 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Kent Island Md (State or country)

13. NAME Alex Nicholson

14. BIRTHPLACE (city or town) Kent Island Md (State or country)

15. MAIDEN NAME Charlotte Armstrong

16. BIRTHPLACE (city or town) Kent Island Md (State or country)

17. INFORMANT Jesse Russell (Address) 1120 Russell St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Date Dec 30, 1936

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 S. Schaefer St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1936

22. I HEREBY CERTIFY. That I attended deceased from Dec 23, 1936, to Dec 26, 1936.

I last saw him alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Other contributory causes of importance:

Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Physical

23. If death was due to external causes (violence) give in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. I. Thompson M. D.

(Address) 501 W. Hanover St.

State cause of death in Part 1. See instructions on back of certificate. OCCUPATION is very important.

DEC 30 1936

F 30571 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30571

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Poppleton St. 18-1 Ward)

Length of residence in city or town where death occurred 17 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. — mos. — da.

2. FULL NAME

(a) Residence: No. 212 N. Poppleton St., 18-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, HUSBAND or (or) WIFE of Nathaniel Hemingway

6. DATE OF BIRTH (month, day, year) 6.16.1899

7. AGE Years 37 Months 6 Days 12 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hartinsville (State or country) Ga.

13. NAME Louis Miller

14. BIRTHPLACE (city or town) Hartinsville (State or country) Ga.

15. MAIDEN NAME Charlotte McGee

16. BIRTHPLACE (city or town) Hartinsville (State or country) Ga.

17. INFORMANT Beulah Thompson (Address) 212 N. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Dec 30, 1936

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schiedel St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.28.36, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1936 to December 28, 1936

I last saw her alive on December 27, 1936 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 12.24.36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) James M. Fair M. D.

(Address) 86 S. W. Lexington

EC 39 1936 Huntington Park, Md.

P. D. 30573

✓ F. 30573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Olive St. St. 23-3 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wm. Pumphrey.

(a) Residence: No. 1700 Olive St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ X Mary Pumphrey.

6. DATE OF BIRTH (month, day, year) February 20, 1867

7. AGE Years 69 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME John B. Pumphrey.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Ann Havener.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mary Pumphrey. (wife)
(Address) 1700 Olive St.18. BURIAL, CREMATION, OR REMOVAL
Place Leeburg Va. Date 12/30/36 1919. UNDERTAKER Stewart & Moore Co.
(Address) 108 W North Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis.

Acute dilatation of the heart.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

12/30/36 1017S. Charles St. M. D.
(Address) 1017S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S S

33 1936

30574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18854

✓ F 30574

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME

Henry Adams

(a) Residence: No. 404 N. Bruce St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Carrie (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866 ?

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 70 ? 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Calvary Date 12-30-36

19. UNDERTAKER Charles Alaganga (Address) 1336 Pennsylvania Ave.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20-36 to 12-26-1936

I last saw him alive on 12-26-1936 Death is said to have occurred on the date stated above, at 330 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary)

Date of onset 11-16-36

Other contributory causes of importance:

Cerebral Hemorrhage

6 wks

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John F. Ramey

(Address) Baltimore City Hospital

M. D.

OCCUPATION is very important. See INSTRUCTIONS on back.

C 30 1936

F 30575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30575

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sr. M. Irene Hehl

If U. S. Veteran

specify WAR

(a) Residence: No. Convent of Notre Dame St., Ward. Philadelphia (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1895

7. AGE 38 Years 7 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious work 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila. Pa. (State or country)

13. NAME Matthew Hehl 14. BIRTHPLACE (city or town) Phila. Pa. (State or country)

15. MAIDEN NAME Anna Melbaum 16. BIRTHPLACE (city or town) Phila. Pa. (State or country)

17. INFORMANT Sisters of Notre Dame (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Private Dec. 31, 1936

19. UNDERTAKER Geo. M. Fink & Son 811 N. Wolfe St.

20. FULL NAME Dr. F. J. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936 to Dec. 28, 1936

I last saw deceased alive on Dec 24, 1936 Death is said to have occurred on the date stated above, at 8.20 m. P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma ovary Abdominal Metastases

Other contributory causes of importance:

Was an operation performed? Yes Date of June 1936

For what disease or injury? Splenectomy Date of June 1936

Name of operation Splenectomy Date of June 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) F. J. Williams, Jr. M. D.

(Address) 110 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

EC 30 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30576

F 30576

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4158 Falls Road St. 13-8 Ward)

2-FULL NAME

Margaret Matilda Young

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(A) RESIDENCE NO.

4158 Falls Rd

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

James T. Young

6 DATE OF BIRTH (month, day, and year)

Mar. 9, 1883

7 AGE

53

Years

"

Months

9

Days

19

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Baltimore, Md.

(State or country)

10 NAME OF FATHER

Thomas Hunt

11 BIRTHPLACE OF FATHER (city or town)

Balto. County

(State or country)

12 MAIDEN NAME OF MOTHER

Rebel Keys

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore County

(State or country)

14

Informant (Address)

Cora A. Little
4158 Falls RoadHuntington Williams, MD
Registral

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

December 2819 36

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to Dec. 28, 1936, that I last saw her alive on Dec. 28, 1936, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:

arterio-sclerosis(duration) 3 yrs. 10 mos. 28 ds.

CONTRIBUTORY

(Secondary)

19 1/2 hours

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

12/29/36

(Address)

2601 Manhattan
St. Mary's Hospital
Dec. 31-1936

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR

St. Mary's Hospital

ADDRESS

Horace F. Bungee3631 Falls Rd

OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificates.

30 1936

30577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30577

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. La Fayette Ave. St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U.S. Veteran specify WAR

None

2. FULL NAME Mrs. Myra Phelps Dawson

(a) Residence: No. Annapolis Md. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G Dawson

6. DATE OF BIRTH (month, day, year) July 31-1964

7. AGE Years 4 Months 29 Days 8. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

13. NAME Col. James Wallace

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

15. MAIDEN NAME Ann Eliza Phelps

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

17. INFORMANT J. Wallace Bryan (Address) Roland Park Apt. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Easton Md. Date Dec. 31-1936

19. UNDERTAKER Stewart & Mowen Co. (Address) 108 W. North Avenue, Balto. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-36 19

22. I HEREBY CERTIFY. That I attended deceased from 12-28-36 19 to 12-29-36 19

I last saw her alive on 12-29-36 19 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC HEART DISEASE

Date of onset

1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 1129 E Paul St

M. D.

C 30 1936

Huntington Williams

30578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Linden Ave. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADALINE P. ATWATER

If U.S. Veteran
specify WAR

(a) Residence: No. 1525b Linden Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|--|
| 3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widowed |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LEDYARD, JAY ATWATER | | |
| 6. DATE OF BIRTH (month, day, year) May 22, 1850 | | |
| 7. AGE Years 86 | Months 7 | Days 7 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) New York State
(State or country)

13. NAME Bishop William Paret

14. BIRTHPLACE (city or town) N.Y. City
(State or country)

15. MAIDEN NAME Maria Green Peck

16. BIRTHPLACE (city or town) Flushing N.Y.
(State or country)

17. INFORMANT EMILY PARET ATWATER

(Address) 1525 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Rock Creek Cem.

Place Washington D. C. Dec 31, 1936

19. UNDERTAKER

(Address) 1900 Eutaw Place

20. FILED

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 28, to Dec 29, 1936.

I last saw him alive on Dec 29, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis -
Diabetes Mellitus
Atherosclerosis
Bronchitis - mild

Date of onset

Gradual

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Number of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1403 Park Ave.

M. D.

30579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30579

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*

Registered No.

CITY OF BALTIMORE: (No.)

St. *14th* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *64* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mr Frank McCauley Leeke*(a) Residence: No. *1714 Eutaw Place* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Amelia R. Leeke*6. DATE OF BIRTH (month, day, year) *Oct 20, 1872*7. AGE Years *64* Months *2* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk, 1009*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Union Trust Co.*
10. Date deceased last worked at this occupation (month and year) *Dec 29, 1936*
11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William H. Leeke*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*15. MAIDEN NAME *Margaret M. Cauley*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*17. INFORMANT *Amelia R. Leeke* (Address) *1714 Eutaw Place*18. BURIAL, CREMATION, OR REMOVAL Place *Grind Ridge* Date *12/31/36*19. UNDERTAKER *Geo. J. Smith* (Address) *1900 Eutaw Place*20. FILED *30 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 29*, 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 26*, 19 *36*, to *Dec 29*, 19 *36*I last saw him alive on *Dec 29*, 19 *36* Death is said to have occurred on the date stated above, at *4⁴²* A.M.

The principal cause of death and related causes of importance were as follows:

Bilateral broncho pneumonia Date of onset *12-22-36*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Wm M. Copeland* M. D.(Address) *Union Memorial Hosp*

30580

HEALTH DEPARTMENT—CITY OF BALTIMORE 19727

F 30580

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-7 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Satterfield, Baby Girl(a) Residence: No. 2559 Robb St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) new born5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12/24/367. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
4 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Edward14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Ethel Boodroe16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

University Med School Dec. 30, 193619. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 193622. I HEREBY CERTIFY, That I attended deceased from 12/28 to 12/28, 1936I last saw her alive on 12/28, 1936 Death is said to have occurred on the date stated above, 1000 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Moore M. D.(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

30 1936

2862 H

30581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30581

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME Tony Jakinchuk (19653)

If U.S. Veteran

specify War _____

(a) Residence: No. 842 E. Pratt St. St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Lena
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 6, 18767. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 6 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Pete14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Anna ??16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

University Med. Sch. & Dec 30, 1936

19. UNDERTAKER

Commissioner of Health

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 193622. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to December 24, 1936I last saw him alive on December 24, 1936 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Perforated Gastric Ulcer
(Malignancy ?)

Date of onset

Unknown

Other contributory causes of importance:

Fibroid Tuberculosis rt. apex. Unknown

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clinical Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Jerome H. Bustin M.D.(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

C 30 1936

2863

✓ F 30582

30582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 24-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

J. Walter Gardner.

(a) Residence: No.

1236 E. Fort Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1, 1912

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 24 | 4 | 26 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Long shoreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland.
(State or country)

13. NAME Charles W. Gardner.

14. BIRTHPLACE (city or town) Maryland.
(State or country)

15. MAIDEN NAME Susie A. Rowe.

16. BIRTHPLACE (city or town) Maryland.
(State or country)17. INFORMANT Mrs. Dorothy Zakrjewski.
(Address) 1238 E. Fort Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Beech Hill Da Dec 31, 193619. UNDERTAKER
(Address) 1400 - 12th St. N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936

22. I HEREBY CERTIFY That I took charge of the remains described above, held a coroner's inquest and from the evidence obtained by autopsy & inquest his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Internal hemorrhage.
Stab wound of the left shoulder
and lung. Homicide 12/26/36

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide of injury 12/26/36

Where did injury occur? 1236 E. Fort Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Stab wound

Nature of injury Internal hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?

No

If No, specify

(Signed)

12/29/36 1017 S. Charles St.

M. D.

See instructions on back of certificate. OCCUPATION is very important.

30 1936

30583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30583

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *808ⁿ Dallas* St., *5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *808ⁿ Dallas* St., *5* Ward.

(Usual place of abode)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *October 15, 1935*7. AGE Years *1* Months *2* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Collins Monroe*14. BIRTHPLACE (city or town) *Na*
(State or country)15. MAIDEN NAME *Josephine Williams*16. BIRTHPLACE (city or town) *N. C.*
(State or country)17. INFORMANT *Josephine Monroe*(Address) *808ⁿ Dallas St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion*Date *Dec 31* 193619. UNDERTAKER *Mrs Lottie Cross*(Address) *1408 Ashland Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/29* 193622. I HEREBY CERTIFY, That *Dec 29* deceased from *12/17* 1936 to *Dec 29* 1936
I last saw him alive on *Dec 29* 1936 Death is said to have occurred on the date stated above, *3:30* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia
(over) *12/17*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. J. Halck*(Address) *1115 N. H*

M. D.

FILED
30 1936*Stanton*

30584

✓ F 30584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. Union Memorial Hospital 9-9 Ward)
Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Edward T. Romans
(a) Residence: No. 1316-E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

No

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|---|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----- | | |
| 6. DATE OF BIRTH (month, day, year) 9/30/1917 | | |
| 7. AGE 19 | Years 2 | Months 29 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labtry. Asst. | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Data deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Baltimore, Md. (State or country) | | |
| 13. NAME William B. Romans | | |
| 14. BIRTHPLACE (city or town) Baltimore, Md. (State or country) | | |
| 15. MAIDEN NAME Mary J. Schaffer | | |
| 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country) | | |
| 17. INFORMANT Mrs. Mary J. Romans (Address) 1316-E. Lafayette Ave. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/2/36 19 | | |
| 19. UNDERTAKER George D. Ruth, Inc. (Address) 1735-Harford Ave. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest And that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Fracture of Skull
Automobile accident

Date of onset

12/29/36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide 12/29/36

Where did injury occur Belair rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Belair Rd. nr. Gunpowder Rd.

Manner of injury Struck by Auto Truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

12/30/36 1017 S. Charles St.

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

C 30 1936

30585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30585

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-3 Ward)Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth ____ yrs. ____ mos. ____ ds.

2. FULL NAME

John T. King, Jr.

(a) Residence: No.

5007-Morello Rd.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Married (Use the word)5a. If married, widowed, or divorced
HUSBAND of Margaret L. (Knoop)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/16/18937. AGE 43 Years 10 Months 12 Days If LESS than 1 hr. xx min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME John T. King, Sr.
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Pauline (Seiber)16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Margaret L. King
(Address) 5007-Morello Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date 12/31/3619. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Warford Ave.20. FILED
30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of both legs
Interal injuries

Date of onset

12/27/36

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquest Was there an autopsy? No23. If death was due to external cause (violence) fill in also the following: Accident Date of injury 12/27/36Where did injury occur? Caroline & Hoffman Sts.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Caroline & Hoffman Sts.Manner of injury Struck by auto whileNature of injury walking across St.

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify(Signed) John T. King, Jr. M. D.
12/30/36 1017 S. Charles St. Coroner

30586
3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30586

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.2. FULL NAME Mary Rastle(a) Residence: No. 318 W 2nd St., Weston W Va

(Usual place of abode)

Ward. Weston W Va
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>female</u> | 4. Color or Race <u>white</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> |
| 6. If married, widowed, or divorced HUSBAND of (or) WIFE of | | |
| 6. DATE OF BIRTH (month, day, year) <u>3/22/05</u> | | |
| 7. AGE | Years <u>31</u> | Months <u>9</u> |
| | Days <u>8</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nursing</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>8004</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) W Va
(State or country)13. NAME Charles Rastle14. BIRTHPLACE (city or town) W Va
(State or country)15. MAIDEN NAME Elizabeth Bode16. BIRTHPLACE (city or town) W. Va.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Weston W Va Date Dec 31, 193619. UNDERTAKER F. C. Higginsbottom Jr.
(Address) Albert City Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936 to Dec 30, 1936I last saw him alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tbc (chronic)

Date of onset

March 1938

Other contributory causes of importance:

Thoracoplasty 12/21/36EmpyemaWas an operation performed? Yes Date of 12/21/36For what disease or injury? Pulmonary tbcWhat test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None (respond to tbc)

(Signed)

Donald H. Harker

M. D.

(Address)

Johns Hopkins Hospital

DEC 31 1936

30587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30587

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Life St. 6-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mr. Holdsworth Rawlings*If U.S. Veteran
specify WAR(a) Residence: No. *Prince Frederick St.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Hattie Rawlings*
(or) WIFE6. DATE OF BIRTH (month, day, year) *Nov. 26, 1865*7. AGE Years *71* Months *1* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *April* 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) *Calvert County*
(State or country) *md.*13. NAME *Father Rawlings*14. BIRTHPLACE (city or town) *Calvert Co*
(State or country) *md.*15. MAIDEN NAME *Betty Bowen*16. BIRTHPLACE (city or town) *Calvert Co*
(State or country) *md.*17. INFORMANT *Milburn Rawlings*
(Address) *2304 E. Lape*18. BURIAL, CREMATION, OR REMOVAL
Place *Arbury* Date *Jan 2, 1936*19. UNDERTAKER *A. A. Warkner & Son*
(Address) *2714 N. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 30, 1936*

22. HEREBY CERTIFY, That I attended deceased from

*12/29, 1936 to 12/30, 1936*I last saw him alive on *12/30, 1936* Death is saidto have occurred on the date stated above, at *11:55 pm.*

The principal cause of death and related causes of importance were as follows:

*Cardiac failure
Premia
Acidosis*Date of onset
*12/29
12/26*

Other contributory causes of importance:

Was an operation performed? *none* Date of

For what disease or injury?

What test confirmed diagnosis *clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

*Isome Mark M. D.
Church Home*

OCCUPATION is very important. See instructions on back of card.

EC 31 1936

F 30588

F 30588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 28 ds.2. FULL NAME Frank C. Potter(a) Residence: No. 917 Eye St. N.W. St., Washington DC Ward. Washington DC
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10/2/667. AGE Years 70 Months 2 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oooo
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) N. J.13. NAME Warren Potter14. BIRTHPLACE (city or town) (State or country) N. J.15. MAIDEN NAME Mary J. Robertson16. BIRTHPLACE (city or town) (State or country) N. J.17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Wash DC Date 12/30 193619. UNDERTAKER OB. Sankin's
(Address) 858 10 N.W. Wash DC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Sept-26, 1936 to Dec 30, 1936I last saw him alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Diabetes mellitus
Diabetic Gangrene (left foot)Date of onset
12/20/36
3Sept 1936

Other contributory causes of importance:

Generalized Arteriosclerosis3Was an operation performed? yes Date of 12/17/36For what disease or injury? Diabetic Gangrene
left foot — AmputationWhat test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19—

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Frank C. Blount

M. D.

(Address)

Johns Hopkins Hosp.

EC 37 1936

F 30589

F 30589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

3215 Northern Parkway

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Schleigh

If U.S. Vet.

specify WAR

No Record

(a) Residence: No.

3215 Northern Parkway

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, ~~husband~~ HUSBAND of Elizabeth C. Schleigh

6. DATE OF BIRTH (month, day, year) April 3rd 1887

7. AGE Years 44 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME John Schleigh

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Catherine Morgan

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Elizabeth C. Schleigh (Address) 3215 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Jan 1st 1937

19. UNDERTAKER Wm. Goss (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1936

22. I HEREBY CERTIFY. That I attended deceased from December 28, 1936 to December 28, 1936
I last saw him alive on December 28, 1936 Death is said to have occurred on the date stated above, at 8-2 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Lawrence K. Katsensten M. D.

(Address) 5806 Hayford Rd.

EC 31-1936

30590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Keyway 45-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

2814 Keyway Ave St.,

Ward.

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced

HUSBAND of

(or) WIFE of

Lloyd H. Rosenberg

6. DATE OF BIRTH (month, day, year)

Dec 5-1899

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

39

10

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Brumby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country)

Crimma Md

FATHER

13. NAME

Lloyd H. Rosenberg

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Dennie H. H. H.

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Lloyd H. Rosenberg

(Address)

2814 Keyway Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Md

Date

12/31/36

19. UNDERTAKER

(Address)

1217 E. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 24, 1936, to Dec. 28, 1936.

I last saw her alive on Dec. 28, 1936. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Influenzal pneumonia

Date of onset

12-24-36

Other contributory causes of importance:

None

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis? None

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Mont B. Schreiber

M. D.

(Address) 3912 Ruckenstein Rd.

EC 31 1936

F 30591

F 30591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 12-5 Ward)Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 0 mo. 15 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME John B. Mc Graw(a) Residence: No. 1712 St. Paul St. St., 12-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) December 14, 18557. AGE Years 81 Months 0 Days 15 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME James Mc Graw.14. BIRTHPLACE (city or town) Ireland.
(State or country)15. MAIDEN NAME Catherine Mc Kenna.16. BIRTHPLACE (city or town) Ireland.
(State or country)17. INFORMANT Edmund J. Mc Graw.
(Address) 6003 Bellona Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Harford Rd.) Dec 31st 193619. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry feel that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of right leg
Fracture of skullAutomobile Accident 12/28/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquest Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident 12/28/36Accident, suicide, or homicide? Date of injury 19Where did injury occur? St. Paul St nr Mt. Royal
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Struck by auto while crossing street

24. Was disease or injury in any way related to occupation of deceased?

(Sign) Wm Cook M. D.
(Address) 1017 S. Charles St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of form.

VS 3

30592 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30592

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Barney St. 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Casper Gable

If U.S. Veterans specify WAR No Record

(a) Residence: No. 107 E. Barney St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Margaret Gable

6. DATE OF BIRTH (month, day, year) Sept 2 1892

7. AGE Years 44 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Book Chauffeur sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E.O. Long 0023

10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Wm H. Gable 14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Amanda Orum 16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Margaret Gable (Address) 107 E. Barney St

18. BURIAL, CREMATION, OR EMMAL Place Gold Road Date 12 21 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED DEC 31 1936 Englton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936 to Dec 30, 1936

I last saw him alive on Dec 29, 1936 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1 1/2 mo.

Other contributory causes of importance:

Barry's (Septic)
+ Broncho pneumonia

2 mo.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Melite

(Address) 1279 Millham Vi M. D.

30593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30593

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Md. General Hospital
St. 27 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

H. U. S. Veteran? _____
specify WAR _____

2. FULL NAME

Katherine Battaglia

(a) Residence: No. _____

(Usual place of abode)

202 W. Camden

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER _____ (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____ 1936

22. I HEREBY CERTIFY. That I attended deceased from _____

I last saw her alive on _____ 1936. Death is said

to have occurred on the date stated above, at _____ P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset
Apr 36

Other contributory causes of importance:

Intestinal obstruction
Myocardial failure

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) _____

EC 31 1936

Registrar

F 30594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30594

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 Leurose Ave. 76-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Howard Payton Owens

If U.S. Veteran

specify WAR

(a) Residence: No.

2245 Leurose Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widow or divorced HUSBAND of Mary Etta Owens. (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 20, 1869

7. AGE

Years 67

Months 1

Days 9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Swift & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

J. W. Owens.

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Betty McGroggins.

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Mrs. Mary E. Owens (Address) 2245 Leurose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 1, 1937

19. UNDERTAKER

(Address) Wm. H. Hatcher Sons North & Leaves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 10, 1936 to Dec. 29, 1936

I last saw him alive on Dec. 27, 1936. Death is said

to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic End Nephritis.

Date of onset

Other contributory causes of importance:

None

Was an operation performed?

None

Date of

For what disease or injury?

None

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. Forten

M. D.

(Address)

588 N. Lombard St.

EC 31 1936

F 30595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30595

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.

ST.

WARD)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced, (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

199, 1936 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

C 31 1936

Registrar

F 30596

E 30596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Edward L. Watson, D.D.

If U. S. Veteran

specify WAR

(a) Residence: No. 425 E. Lake Ave.St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Edith M. Watson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 6, 18617. AGE Years 75 Months 10 Days 23 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clergyman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto., Md.
(State or country)FATHER 13. NAME William Henry Watson14. BIRTHPLACE (city or town) England
(State or country)MOTHER 15. MAIDEN NAME Kathryn Reading16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mr. E. L. Watson(Address) Bryn Mawr Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 31, 193619. UNDERTAKER Thos. J. Tighney & Sons(Address) Druid Ridge Pa.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed)

(Address)

M. D.

Coroner

F 30597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 917 E. Bellingham Ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Tusley6. DATE OF BIRTH (month, day, year) Jan. 18, 18947. AGE Years 42 Months 11 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0073
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) Balt. (State or country) Md.13. NAME Thomas Tusley14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Ruby Tusley (Address) 917 E. Bellingham Ave.18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date Jan 1-3719. UNDERTAKER Mrs. George H. Holland (Address) 6318 North Ave.20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day dated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Exhaustion 7 weeks
Exhaustion 7 trachea

Other contributory causes of importance:

hemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12-27, 1936Where did injury occur? 917 E. Bellingham Ave. Balt., Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Cut neck with a steelNature of injury Death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Scheuer M. D.(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of form.

31 1538

F 30598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30598

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6240 Belair Road St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morton R. Guthridge

(a) Residence: No. 6240 Belair Road

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29th, 1923

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| 13 | 8 | 2 | | |

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. At School

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

13. NAME Morton H. Guthridge

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret Walter

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Morton H. Guthridge
(Address) 6240 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan. 2nd. 1937

19. UNDERTAKER Frederick Lassahn Jones
(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31st, 1936

22. I HEREBY CERTIFY. That I attended deceased from
12-5-1935, to 12-31-1936

I last saw him alive on 12-30-1936 Death is said
to have occurred on the date stated above, at 12.45A.M.

The principal cause of death and related causes of
importance were as follows:

Chr. Endocarditis 12-5-35

Other contributory causes of importance:

Acute Rheumatic Fever 12-5-35

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

us If so, specify
Signed) Geo. B. Lybert M. D.

(Address) 2802 Harford Ave

C 31 1936

Registrar

F 30599

HEALTH DEPARTMENT—CITY OF BALTIMORE

30599

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lincoln Hospital 7-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran

specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 8-1933*

7. AGE

Years 3

Months

Days 21

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Co. Md.*

13. NAME

*Geo. J. Sauer*14. BIRTHPLACE (city or town) *Balto. Md.*

15. MAIDEN NAME

*Madeline Altmeier*16. BIRTHPLACE (city or town) *Balto. Md.*17. INFORMANT *Mr. Geo. J. Sauer*(Address) *Cresset Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer*Date *12/31/36*19. UNDERTAKER *John B. Connolly*(Address) *Cresset Md.*

20. FILED

C 31 1936

St. Eustachius Catholic Church, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 29, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 26, 1936* to *Dec. 29, 1936*I last saw him alive on *Dec. 29, 1936* Death is said to have occurred on the date stated above, at *4:45 P.* m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Daniel Wilfron

M. D.

(Address)

Lincoln Hospital

F 30600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 S Charles 23-2 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

Mettie Lewis
(a) Residence: No. 1319 S Charles St., 23-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed or divorced HUSBAND of David H. Lewis (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1870

7. AGE Years 66 Months 0 Days 5 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Joseph Kirby FATHER Va.

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Not known MOTHER Va.

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Mrs Howard Younger (Address) 1319 S Charles St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Jan 2nd 1937

19. UNDERTAKER Bernard G. Harle (Address) 131 E. West St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1936

22. 8/3 I HEREBY CERTIFY That I attended deceased from 1934 to 12/30

I last saw him alive on 12/30 1936 Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: Bronchial Asthma

Was an operation performed? _____ Date of _____

For what disease or injury? _____ Name of operation PE Date of _____

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 1936

Accident, suicide, or homicide? _____ Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Joseph S. Behm M. D.

(Address) 1206 E. Preston St

DEC 31 1936

F 30601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Woodbine Ave Ward 28-1)

Registered No. 95-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 5 yrs. 0 mos. 0 ds.

2. FULL NAME

Mary S. Suchting
(a) Residence: No. 3713 Woodbine Ave St. 28-1
(Usual place of abode)

If U. S. Veteran specify WAR

Ward. 28-1
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced. (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of William Suchting (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2nd 1949

7. AGE Years 87 Months 0 Days 38 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town, State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town, State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town, State or country) Not known

17. INFORMANT Henry Suchting
(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL St Pauls Violentville Jan 1 - 1937

19. UNDERTAKER Mrs Chas E. G. Rohde
(Address) 2327 Cambridge Ave

20. C 31 1936 Starling Hillman, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from November 5th 1936 to December 30th 1936

I last saw her alive on Dec 24th 1936 Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Date of onset 1/24/36

Other contributory causes of importance: Arteriosclerosis, Hypertension, Senility

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation no Date of no

What test confirmed diagnosis? Alund Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) J E Poulson M. D.

(Address) 3909 Bancroft Bldg

30602 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30602

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 21-1 Ward)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME JAMES ALLEN

(a) Residence: No. 743 EISLEN St. 21-1 Ward.

(Usual place of abode)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE 43 Years — Months — Days — If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not none

FATHER

13. NAME not none
14. BIRTHPLACE (city or town) (State or country) not none

MOTHER

15. MAIDEN NAME not none
16. BIRTHPLACE (city or town) (State or country) not none

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place not Aulburn Date Dec. 31

19. UNDERTAKER Elroy D. Wilson
(Address) 1000 Buntley Ave

20. FILED 20 31 1936 E. E. McLean

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1936

22. I HEREBY CERTIFY. That I attended deceased from NOVEMBER 22 1936 to DECEMBER 28 1936.

I last saw him alive on DECEMBER 28 1936. Death is said to have occurred on the date stated above, at 6:00 P. M.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC C.-U. DISEASE

HYPERTENSION

CEREBRAL ACCIDENT

RT SIDE HEMIPLEGIA

Other contributory causes of importance:

BRONCHO-PNEUMONIA

Date of onset

?

12-22-36

11-22-36

12-24-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed E. S. Kunkin Jr. M. D.

(Address) University Hospital

30603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30603

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Merry Hospital St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Howard Wheeler

If U.S. Veteran

specify WAR

(a) Residence No.

2419 E. Fayette

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary V. Wheeler

6. DATE OF BIRTH (month, day, year)

Oct. 10, 1881

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

55219

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

School Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 712. BIRTHPLACE (city or town)
(State or country)Baltimore

FATHER

13. NAME

Thomas Wheeler14. BIRTHPLACE (city or town)
(State or country)unknown

MOTHER

15. MAIDEN NAME

Genievie Brian16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

(Address)

Mary V. Wheeler

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Baltimore1/2/37

19. UNDERTAKER

(Address)

John H. Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 25, 1936 to Dec 29, 1936I last saw him alive on Dec 29, 1936 Death is said to have occurred on the date stated above, at 5:08 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Dec 24

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard H. Pennington M. D.

(Address)

Merry Hospital

C 37 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

30604

CERTIFICATE OF DEATH

95B F 30604

1. PLACE OF DEATH

Baltimore

CITY OF BALTIMORE: (No.

2471 Donald H. Hill Ave 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Maggie Hicko Holmes

(a) Residence: No.

2471 Donald Hill St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

A A

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John Holmes

6. DATE OF BIRTH (month, day, year)

July 5, 1877

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

59

5

24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12/27/26

12. BIRTHPLACE (city or town)
(State or country)

Lynchburg Va.

13. NAME

Jack Crawley

14. BIRTHPLACE (city or town)
(State or country)

Lynchburg Va.

15. MAIDEN NAME

Liddy Hardy

16. BIRTHPLACE (city or town)
(State or country)

Lynchburg Va.

17. INFORMANT

(Address)

Mrs. Martenia Washington
2471 Donald Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Kenilworth, Va. Date Jan 1, 1937

19. UNDERTAKER

Thomas E. Kelson

31 1936

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

12/29/1936

22. I HEREBY CERTIFY, That I attended deceased from
12/29/36, 19, to 12/29/1936I last saw her alive on 12/27/1936 death is said
to have occurred on the date stated above, at 3:30 p.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

| | |
|---------------------------|------|
| Arteriosclerosis | 1933 |
| Hypertension | 1933 |
| Coronary Arteriosclerosis | 1936 |
| Cerebral Hemorrhage | 1936 |

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? Clinical

Date of autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

T. D. Thier

M. D.

(Address) 1733 Penn. Ave.

605

HEALTH DEPARTMENT—CITY OF BALTIMORE F 30605

CERTIFICATE OF DEATH

✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 Mosher St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 565 Mosher St., Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the way) Married

6a. If married, widowed, or divorced HUSBAND of STEENA BROWN (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-1890

7. AGE Years 46 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Richard Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Thornton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Williams

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 193622. I HEREBY CERTIFY That I attended deceased from Dec. 10th 1936 to Dec. 30th 1936I last saw him alive on Dec. 30th 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12/1/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Bell M.

(Address) 71 3rd Avenue S.

30606

F 30606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 W. Franklin St. St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

William D. Crockett,

(a) Residence: No. 2617 W. Franklin St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of Fannie M. Crockett,
(or) WIFE of

c. DATE OF BIRTH (month, day, year) July 31. 1882

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 54 | 4 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, and year) May 1936

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) Tangier Va.
(State or country)

13. NAME William A. Crockett,

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Margaret Crockett,

16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Mrs Fannie M. Crockett,
(Address) 2617 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date JAN 2-1937

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 29 1936

22. I HEREBY CERTIFY that I attended deceased from July 27 1936 to Dec 29 1936
I last saw him alive on Dec 29 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

myocarditis, acute dilatation of heart

Other contributory causes of importance:

chronic interstitial nephritis

Was an operation performed? no Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Phosphatase Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John A. Crawford M.D.
(Address) 1219 Poplar Street

DEC 31 1936

J. E. Little, M.D.
JAN 3

F 30607

F 30607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Emerson Hotel* St. *11-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *3* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lillian*6. DATE OF BIRTH (month, day, year) *1896*7. AGE Years *40* Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fireman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Rubber outfit*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Dublin Ireland* (State or country)13. NAME *Simon*14. BIRTHPLACE (city or town) *Dublin Ireland* (State or country)15. MAIDEN NAME *Minnie*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Simon Michloritz* (Address)18. BURIAL, CREMATION, OR REMOVAL *Jan 1-1937* Place *Woodlawn* Date *1937*19. UNDERTAKER *John J. Lewis & Co.* (Address) *1724 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/30, 1936*22. I HEREBY CERTIFY. That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Bullet wound - right side 7 inch at tip (fine) 7 ear - going into brain & embolus

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *ef* Date ofWhat test confirmed diagnosis? *ef* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *suicide* Date of injury *12/30, 1936*Where did injury occur? *Buets Mt* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Emerson Hotel*Manner of injury *Self Inflicted*Nature of injury *Bullet 7-38 Cal in brain*24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *Crim B. D. Mollare* (Address) *1031 St. Paul St.*

OCCUPATION IS VERY IMPORTANT. See Instructions.

EC 31 1936

30608

F 30608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 James St., 21 Ward) *Case 107a*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 4 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR

2. FULL NAME Alice (Alexandria) Tamalionis(a) Residence: No. 1204 James St., 21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Joseph Tamalionis
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2 1872
7. AGE 64 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Lithunia
(State or country)13. NAME Not Known
14. BIRTHPLACE (city or town) Lithunia
(State or country)15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Lithunia
(State or country)17. INFORMANT Vincent Tamalionis
(Address) 1216 James Street.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 2, 193719. UNDERTAKER John Grebliauskas
(Address) 423 S. Paca Street.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Dec. 28, 1936I last saw her alive on Dec. 27, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumoniaDate of onset
Dec. 22

Other contributory causes of importance:

Malnutrition?Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Findings Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) John A. Buchness M. D.(Address) 37 S. Stricker St.

30609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 N. Lafayette Ave. 16-2 Ward)

Registered No. 82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1334 N. Lafayette Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|-----------------------------|---|
| 3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|-----------------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
| 57 | 1885 | — | — | — |

| | | |
|------------|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher | 11. Total time (years) spent in this occupation 26 yrs |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City School 1068 | |
| | 10. Date deceased last worked at this occupation (month and year) 9/30 | |

12. BIRTHPLACE (city or town) (State or country) North Carolina

| | |
|--------|--|
| FATHER | 13. NAME Max Curtis |
| | 14. BIRTHPLACE (city or town) (State or country) North Carolina |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME Don't know |
| | 16. BIRTHPLACE (city or town) (State or country) North Carolina |

17. INFORMANT Alma C. Brown (sister) (Address) 226 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Auburn Park Date Jan 1 1937

19. UNDERTAKER Mrs. Thomas S. Bailey (Address) 1421 Jefferson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1936, to Dec 28th, 1936. I last saw him alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 7-10 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (second attack) Date of onset Dec 26th 1936

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. G. Puttall M. D.

(Address) 354 W. Spadale St

OCCUPATION is very important. See instructions on back of certificate.

1937 DEC 30

1937 REGISTRAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30610

F 30610

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Pulaski St. S. 958 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 422 S. Pulaski St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of Johanna Eisebnacher (or) WIFE of (see certificate)

6. DATE OF BIRTH (month, day, year) March 31, 1852.

7. AGE 84 Years 8 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Wood Business 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Peter Eisebnacher

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Katherine Schoner

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Johanna Eisebnacher

(Address) 422 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 31, 1936

19. UNDERTAKER

(Address) 4101 Anderson Ave.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936, to Dec. 29, 1936.

I last saw him alive on Dec. 28, 1936. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Hypotensive cardio vascular disease

Date of onset

?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? -- Date of

Name of operation ---- Date of

What test confirmed diagnosis? D.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so specify

(Signed)

(Address)

1224-1226 Hanover St.

EC 31 1936

30611 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30611

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *St. Joseph's Hospital* St. *21-1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1133* *Redgely St* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Bessie High Engelbach* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan 3, 1880*

7. AGE Years *56* Months *11* Days *27* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Foreman, 1086* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Transit Co* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto., Md.* (State or country)

FATHER 13. NAME *Jacob Engelbach* 14. BIRTHPLACE (city or town) *Balto Md.* (State or country)

MOTHER 15. MAIDEN NAME *Mary Sheehan* 16. BIRTHPLACE (city or town) *Balto., Md.* (State or country)

17. INFORMANT *Mrs. Bessie Engelbach* (Address) *1133 Redgely St*

18. BURIAL, CREMATION, OR REMOVAL Place *Holy Cross Cn. A.C.* Date *Jan 2* 19 *37*

19. UNDERTAKER *Margaret A. Flynn* (Address) *14235 N. Highland St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 30*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 7*, 19*36*, to *Dec 30*, 19*36*.

I last saw him alive on *Dec 30*, 19*36* Death is said to have occurred on the date stated above, at *11²² A* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with metastasis

Date of onset

Other contributory causes of importance:

Was an operation performed? *yes* Date of *Dec. 28, 1936*

For what disease or injury? *Carcinoma of Stomach*

What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Frank R. Stephenson* M. D.

(Address) *St. Joseph's Hospital*

EC 31 1936

21908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F. 30612

349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harriet Williams (19745)

If U.S. Veteran

specify WAR

(a) Residence: No. 1505 Edmonson Avenue St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lawrence
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 7, 19107. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 11 22OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Ma.FATHER 13. NAME Charles Snell14. BIRTHPLACE (city or town) (State or country) Ma.MOTHER 15. MAIDEN NAME Bessie Dailey16. BIRTHPLACE (city or town) (State or country) Ma.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md Date 1-3-1937

19. UNDERTAKER

(Address) Chas. Alexandri
1336 Pennsylvania Ave

20. DATE

DEC 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 193622. I HEREBY CERTIFY, That I attended deceased from December 25, 1936 to December 29, 1936I last saw her alive on December 29, 1936 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of LungsDate of onset
June
1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Jerome T. Purton M. D.
(Address) Baltimore City Hospitals

30613

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30613

CERTIFICATE OF DEATH

11B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1716 Linden Ave* St. *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *24* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1716 Linden Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced, (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Theresa K. Lutz*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 26 - 1884*7. AGE Years *52* Months *6* Days *3* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Intern decedent*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Onion & Co. 1053*
10. Date deceased last worked at this occupation (month and year) *37m.* 11. Total time (years) spent in this occupation *37m.*12. BIRTHPLACE (city or town, State or country) *Williamport, Pa.*FATHER 13. NAME *Mrial B. Lutz*
14. BIRTHPLACE (city or town, State or country) *Perry, Pa.*MOTHER 15. MAIDEN NAME *Josephine Benaparte*
16. BIRTHPLACE (city or town, State or country) *New Castle Co, Pa.*17. INFORMANT *Theresa K. Lutz*
(Address) *1716 Linden Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Linden Park* Date *Dec. 31st* 19*36*19. UNDERTAKER *Frank A. Hearell*
(Address) *1716 Linden Ave*

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec - 29* 19*36*22. I HEREBY CERTIFY. That I attended deceased from *Dec. 26,* 19*36*, to *Dec. 29,* 19*36*I last saw him alive on *Dec. 28,* 19*36*. Death is said to have occurred on the date stated above, at *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Suppurative
myocarditis
& failure due to
toxic myocarditis.*

Date of onset

Other contributory causes of importance:

*Asthma
Myocarditis*Name of operation *Physical* Date of *—*
What test confirmed diagnosis? *Physical* Was there an autopsy? *no.*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harold Shultz* M. D.
(Address) *2351 Entaw Place.*

DEC 31 1936

30614

HEALTH DEPARTMENT—CITY OF BALTIMORE

30614

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence No. 112

(Usual place of abode)

Ward. 4-2

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

MaleWhiteSingle5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 30, 1935

7. AGE

Years

Months

Days

If LESS than
1 day hrs
or min.133029

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London, England
(State or country)

FATHER

13. NAME Lawrence Edward Finegan14. BIRTHPLACE (city or town) Mayland
(State or country)

MOTHER

15. MAIDEN NAME Emily Finegan16. BIRTHPLACE (city or town) Mayland
(State or country)17. INFORMANT Robert Brooks & Son(Address) Calhoun & Holmes St

18. BURIAL, CREMATION, OR REMOVAL

Place London ParkDate 1/2-33719. UNDERTAKER Robert Brooks & Son(Address) Calhoun & Holmes St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY. That I Attended, deceased from December 25, 1936, to December 30, 1936I last saw him alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 7:4 am.

The principal cause of death and related causes of importance were as follows:

Septicemia
Cholera
Septicemia

Date of onset

12-30-3612-29-3612-28-3612-27-3612-26-3612-25-3612-24-3612-23-3612-22-3612-21-3612-20-3612-19-3612-18-3612-17-3612-16-3612-15-3612-14-3612-13-3612-12-3612-11-3612-10-3612-9-3612-8-3612-7-3612-6-3612-5-3612-4-3612-3-3612-2-3612-1-3611-30-3611-29-3611-28-3611-27-3611-26-3611-25-3611-24-3611-23-3611-22-3611-21-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Cholera (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph H. E. Bach(Address) University Hospital

FILED

DEC 31 1936

C. E. Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE **B0615****F 30615**

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of Lancaster St.*)St. *10-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Davis

If U. S. Veteran

specify WAR

(a) Residence: No.

1404 E. Monument St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Lillie E.

6. DATE OF BIRTH (month, day, year)

July 2 1884

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*52**5**17*

OCCUPATION

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Charlottesville, West Virginia

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

"

MOTHER

15. MAIDEN NAME

Charlotte (?)

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

Mr. Lillie E. Davis 517 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Int. Burial Dec 31, 1936

19. UNDERTAKER

(Address)

Joseph W. Locks Jr 1342 Jefferson St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Dec 19, 1931

22. I HEREBY CERTIFY, that I took charge of the remains described above, held in (Inquest, Autopsy, Inquiry)

detained by said (Inquest, Autopsy, Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Date of onset

Probably Drowning

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. W. Wright 1010 S. 5th Ave

M. D.

number

DEC 31 1936

322065-
30616

HEALTH DEPARTMENT—CITY OF BALTIMORE

30616

CERTIFICATE OF DEATH

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 10-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Mary Crawley(a) Residence: No. 1423 E. Eager St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
(or) WIFE of August6. DATE OF BIRTH (month, day, year) 10/6/837. AGE Years 51 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H - Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Elizabeth Johnson14. BIRTHPLACE (city or town) (State or country) Ind15. MAIDEN NAME Laura Anderson16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 1/2/3919. UNDERTAKER (Address) Joseph G. Locke Jr.
1202 Jefferson St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936 to Dec 29, 1936I last saw her alive on Dec 29, 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus, originating in pulmonary femoral veins.Date of onset Dec 29

Other contributory causes of importance:

Bronch pneumonia
HypertensionDate of onset Nov 30Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Palmer H. Fitcher M. D.(Address) Johns Hopkins Hospital

DEC 31 1936

DEC 21 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

30617

CERTIFICATE OF DEATH

23

F 30617

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Ogretta Waldschmidt

(a) Residence: No. 1948 Permanent Place St., Pearlman Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced Widowed of Sam Waldschmidt (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 11, 1873

7. AGE Years 63 Months 17 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Thomas Bruce

14. BIRTHPLACE (city or town) ??? (State or country)

15. MAIDEN NAME Josephine Myers

16. BIRTHPLACE (city or town) Balto. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Buried Date 12-31-36

19. UNDERTAKER Wendell P. Humphreys (Address) 351 N. Broadway

20. CITY Baltimore 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1936 to December 28, 1936

I last saw her alive on December 28, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs

Date of onset Aug 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical here an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No specify

(Signed) Jerome T. Burton M. D.

(Address) Baltimore City Hospitals

F 30619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30619

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Mc Culloch St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1926 Mc Culloch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSamuel Ashby

6. DATE OF BIRTH (month, day, year)

7. AGE 25 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME William Brown
14. BIRTHPLACE (city or town) md.
(State or country)15. MAIDEN NAME Martha Gates
16. BIRTHPLACE (city or town) md.
(State or country)17. INFORMANT Samuel Ashby
(Address) 1926 Mc Culloch St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 12/30, 193619. UNDERTAKER Archibald A. Gadder
(Address) 2101 Mc Culloch St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 193622. I HEREBY CERTIFY That I attended deceased from Sept 27, 1936 to Dec 28, 1936I last saw him alive on Dec 28, 1936 Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

Concussion of Stomach Date of onset 6 hrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. A. Johnson M. D.
2324 Geneva

C 31 1936

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30622

F 30622

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
Union Memorial Hospital. 9-8
CITY OF BALTIMORE: (No. _____ St. _____ Ward)

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mo. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME J. Urban Bursick.

(a) Residence: No. 2044 Robb St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|---------------------------|--|
| 3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of _____
 (or) **WIFE** of _____

6. DATE OF BIRTH (month, day, year) December 16, 1911

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | 25 | 0 | 13 | |

| | | |
|------------|---|-----------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Carrier for |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | Baltimore News. |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (city or town).....Baltimore, Md.
(State or country)

| | | |
|----|------|------------------|
| RR | NAME | James J. Bursick |
|----|------|------------------|

14. BIRTHPLACE (city or town). Baltimore, Md.
(State or country)

| | |
|-----------------|------------------|
| 15. MAIDEN NAME | Catherine Kraus. |
|-----------------|------------------|

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Catherine Bursick (mother
(Address) 2044 Robb St.

18. BURIAL, CREMATION, OR REMOVAL
Place City of Worcester Mass Date Jan. 2 1932

19. UNDERTAKER *Funny Joe & Sons Inc*
(Address) *1301 E. 6th St*

20 JUL 1975

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an **inquest** thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said **inquest** and that said deceased came **his** death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the Skull.
Automobile accident. 12/24/22

Other contributory causes of importance:

Was an operation performed? **NO** Date of

For what disease or injury?

| | |
|--------------------|---------|
| Name of operation. | Date of |
|--------------------|---------|

What test confirmed diagnosis inquest as there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur Belair Rd. nr. Gunpowder
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1 + 1 1 1 1 1

Manner of Injury Struck by Auto Train.
Nature of Injury while riding mother Auto

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Alvin Karpis Coroner M. D.

20. FILED **DEC 31 1936** *Ref* *W. H. ...* Registr...

30623 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30623

CERTIFICATE OF DEATH

157-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital 15-8* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Richard Bryan Due*

If U.S. Veteran

specify WAR _____

(a) Residence: No. *2139 Chelsea Ter.* St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Jan 12 - 1928*

7. AGE Years *8* Months *11* Days *18* If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Scholar*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Public School*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto 3 Md* (State or country)

13. NAME *Paul P. Due*

14. BIRTHPLACE (city or town) *Balto Md* (State or country)

15. MAIDEN NAME *Oliver R. Bryan*

16. BIRTHPLACE (city or town) *Washington, D.C.* (State or country)

17. INFORMANT *Paul F. Due* (Address) *2139 Chelsea Terrace*

18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge* Date *Jan 2/37*

19. UNDERTAKER *William Cook* (Address) *1217 S. Paul St.*

20. FILED *31 1936*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/30/36* 19

22. I HEREBY CERTIFY, That I attended deceased from *12/29/36* 19 to *12/30/36* 19

I last saw him alive on *12/30/36* 19 Death is said to have occurred on the date stated above, at *11 p.m.*

The principal cause of death and related causes of importance were as follows:

Meningitis (sterile)

Date of onset *12/28/36*

Other contributory causes of importance:

Congenital Heart

29.

Was an operation performed? *No.* Date of _____

For what disease or injury? _____

What test confirmed diagnosis *Chinist + spinal tap*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.* If so, specify _____

(Signed) *Josiah G. Hunt.* M. D.

(Address) *Maryland General Hospital.*

F 30624

F 30624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5-2 Ward)107-a
17210

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 75 yrs. 0 mos. 0 ds.2. FULL NAME John CallaghanIf U. S. Veteran
specify WAR(a) Residence: No. 586 N. Gay Street St., 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Mary Callaghan
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-5-18527. AGE Years 84 Months 5 Days 18 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)13. NAME Patrick Callahan14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Margaret ?16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Dec 31 19 3619. UNDERTAKER Alfred W. Bergan
(Address) 440 E. North Ave

C 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 19 3622. 9-16 19 36 I HEREBY CERTIFY. That I attended deceased from 12-23 19 36I last saw him alive on 12-23 19 36 Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 12-23

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John J. Ramsey
Baltimore City Hospital

30625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30625

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 St Paul St St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2824 St Paul St St., Ward.

(Usual place of abode)

If U. S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Ash6. DATE OF BIRTH (month, day, year) March 7-18487. AGE Years 88 Months 9 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Mass.13. NAME James M. Neal14. BIRTHPLACE (city or town) (State or country) New Hampshire15. MAIDEN NAME Louise Hitchings16. BIRTHPLACE (city or town) (State or country) Mass.17. INFORMANT Miss Evelyn Ash
(Address) 2824 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Lynn, Mass. Date Jan 1, 193619. UNDERTAKER W. H. Royce
(Address) 118 W. Mt Royal Ave20. DATE OF DEATH 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 30, 1936I last saw him alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach terminal

Other contributory causes of importance:

Extreme old age & general debilityWas an operation performed? Yes Date of Dec 1, 1936For what disease or injury? StomachName of operation Stomach Date of Dec 1, 1936What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Dec 1, 1936Where did injury occur? Stomach (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury StomachNature of injury Stomach

24. Was disease or injury in any way related to occupation of deceased?

Yes At so, specify Stomach(Signed) Jeffrey Beck M. D.(Address) 5. Club. Bldg.Balto. Md

30626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30626

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Garrison Boulevard St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME ALMAIDE M. LAROQUE

(a) Residence: No. 2900 Garrison Boulevard

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------|---------------------------|---|
| 3. SEX Female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Single |
|------------------|---------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Aug. 29, 1851

| | | | | |
|--------------|------------|-------------|-----------|--|
| 7. AGE 85 | Years 4 | Months 1 | Days 1 | If LESS than 1 day. hrs. or min. |
|--------------|------------|-------------|-----------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Emile Laroque

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME Alexanderine Laroque

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Miss Florence Laroque
(Address) 2900 Garrison Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Jan 2, 1937

19. UNDERTAKER Charles E. Baker & Son
(Address) 118 W. Mt. Royal Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Dec 30, 1936

I last saw her alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 5-7 pm.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Carditis
Aortic Aneurysm
Chronic Nephritis

Date of onset

Other contributory causes of importance

Uremia

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

31 1936

Huntington

Huntington

728 N. Charles St.

0627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30627

+ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* 11-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME

Mrs. Emma Somerville

(a) Residence: No.

228 St. Helena Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Wm B. Somerville

6. DATE OF BIRTH (month, day, year)

April 3 1886

7. AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

*50**8**28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W. Va.

FATHER

13. NAME

Robert P. Stutler

14. BIRTHPLACE (city or town) (State or country)

W. Va.

MOTHER

15. MAIDEN NAME

Lucinda Plummer

16. BIRTHPLACE (city or town) (State or country)

W. Va.

17. INFORMANT

(Address)

Gay Wise Salem W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

Salem W. Va.

Date

Jan 3 1937

19. UNDERTAKER

(Address)

John H. Young 715 Light St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/31/36*, 19

22. I HEREBY CERTIFY, That I attended deceased from

12/29/36, 19, to *12/31/36*, 19.I last saw him alive on *12/31/36*, 19. Death is said to have occurred on the date stated above, at *8:30* a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia. Cardiac Decompensation

Date of onset

12/29

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Josiah A. Hunt. Md. Gen Hosp.

M. D.

C 31 1936

30628

✓ E 30628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Oakmont Ave St. 27-18)Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR none

2. FULL NAME

(a) Residence: No. 3500 Oakmont Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna b. Leaky Tyler6. DATE OF BIRTH (month, day, year) May 9, 18587. AGE Years 78 Months 7 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Logician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road10. Date deceased last worked at this occupation (month and year) Feb. 1929 11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Daniel M. Tyler14. BIRTHPLACE (city or town) (State or country) Penna15. MAIDEN NAME Mary Ferris16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Mrs. J. M. Stewart(Address) 3500 Oakmont Ave.18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A. G. Date 1/2 193719. UNDERTAKER C. Vernon Lerman(Address) 4611 Park Heights

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 193622. I HEREBY CERTIFY. That I attended deceased (from Dec 17 1936 to Dec 20 1936)I last saw him alive on Dec 20 1936. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosisOther contributory causes of importance: Senility & Exhaustion - 5 yrsWas an operation performed? no Date of

For what disease or injury?

Name of operation no Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) C. B. Euser M. D.(Address) 4936 Park Heights Ave.

31 1936

0629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH *St Agnes Hospital*
CITY OF BALTIMORE: (No. *Willis & Eaton St.* Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs Garnett Bennett*
If U.S. Veteran specify WAR

(a) Residence: No. *3412 Lyndale Ave.* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced *HUSBAND or (or) WIFE of Fred Bennett*

6. DATE OF BIRTH (month, day, year) *Oct 15, 1882?*

7. AGE Years Months Days If LESS than 1 day hrs. or min.
54 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *1037*

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Luther Walston*

14. BIRTHPLACE (city or town) (State or country) *Fairmont*

15. MAIDEN NAME *Frederica Blake*

16. BIRTHPLACE (city or town) (State or country) *Fairmont*

17. INFORMANT *Ethel Gayer*

(Address) *603 Ashburton St*

18. BURIAL, CREMATION, OR REMOVAL *Funerals* Date *1-2*

19. UNDERTAKER *Leonard J. Gayer*

(Address) *3057 Bayview Rd.*

31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/30*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *12/5*, 19*36* to *12/30*, 19*36*

I last saw her alive on *12/30*, 19*36* Death is said to have occurred on the date stated above, at *125 P.M.*

The principal cause of death and related causes of importance were as follows:

CARCINOMATOSIS

Date of onset

Other contributory causes of importance:

N

Was an operation performed? *Yes* Date of *1936*
For what disease or injury? *Carcinoma of Breast*

What test confirmed diagnosis? *CLINICAL LABOR* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Daniel J. Wehner* M. D.

(Address) *St Agnes Hospital*

30630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 30630

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senior 1st* St. *27-5* Ward)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3103* *Chesnut Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Mar*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Edward Thomas McHugh*6. DATE OF BIRTH (month, day, year) *April 12-1885*
7. AGE Years *51* Months *8* Days *1* If LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *George J. Stewart*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Richman*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Edward G. McHugh Sr* (Address)18. BURIAL, CREMATION, OR REMOVAL *Catholic* Date *1/2* 193719. UNDERTAKER *Leonard J. McHugh* (Address) *5205-17th Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/31/36*22. I HEREBY CERTIFY. That I attended deceased from *12-27-36* 19 to *12-30-36* 19.I first saw her alive on *12-30-36* 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

*Diabetic Acidosis & Coma
Chronic Nephritis
Bronchopneumonia, bilateral
Chronic Myocarditis*

Other contributory causes of importance:

*Myocardial Failure, CPC*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.(Signed) *Louis J. Keadue* M. D.

(Address)

31 1936

30631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30631

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Curley St. Ward 7-1)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 821 N. Curley St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Frederick Meyers
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 15-18797. AGE Years 57 Month 6 Days 14 If LESS than 1 day, hrs. or min. 15OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co., Md. (State or country)FATHER 13. NAME Patrick Foley
14. BIRTHPLACE (city or town) Ireland (State or country)MOTHER 15. MAIDEN NAME Annie Smith
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Frederick Meyers
(Address) 821 N. Curley St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 2 193619. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1936, to Dec 30, 1936I last saw him alive on Dec 29, 1936. Death is said to have occurred on the date stated above at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Oct 13

Other contributory causes of importance:

Arterio Sclerosis, chronic
Hypertension

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

31 1936

30632 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 E 22nd St., 12th Ward) 4

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 447 E 22nd St.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 6-2-1874

7. AGE Years 62 Months 5-6 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Galt

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary O'Brien

(Address) 447 E 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date Jan 2, 1936

19. UNDERTAKER Mrs. M. M. M. M.

(Address) 201 E 22nd St.

31-1836

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936 to Dec 30, 1936

I last saw him alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

years

Other contributory causes of importance:

Pulmonary edema

Name of operation

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

M. D.

(Address)

2105 N. Charles St.

30633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30633

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Durham St., 8-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Howardalls(a) Residence: No. 1211 N. Durham St., 8-7 Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 23/18827. AGE Years 54 Months 2 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 2042 Mura St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date Jan 1 1937

19. UNDERTAKER

(Address) 1217 St. Paul St.

20. YEAR

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 193622. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension

Other contributory causes of importance:

Cerebral ApoplexyWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul P. Schaefer

M. D.

(Address) 1919 E. North Ave. Coroner

30634

(Hope Beard)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30634

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N Eden St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 118 N Eden St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Beard

6. DATE OF BIRTH (month, day, year) Feb - 1901

7. AGE Years 35 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 50 (State or country)

13. NAME James Beard

14. BIRTHPLACE (city or town) S. C. (State or country)

15. MAIDEN NAME Dorothea Beard

16. BIRTHPLACE (city or town) S. C. (State or country)

17. INFORMANT Dorothea Beard (Address) 118 N Eden St

18. BURIAL, CREMATION, OR REMOVAL Place York Co. S. C. Date 1/2 1937

19. UNDERTAKER Joseph D. Locks Jr. (Address) 1302 Jefferson St.

20. FILED 1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

12/30/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 509 Disquisition St

33
F 230635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30635

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. **7-5** St., **7-5** Ward)

Registered No. **137**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **14** yrs. **14** mos. **14** ds. How long in U. S. If of foreign birth? **14** yrs. **14** mos. **14** ds.

2. FULL NAME **S Arch Replogle**

(a) Residence: No. **207 Olive**
(Usual place of abode)

St., **Johnstown Pa** Ward.
(If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **m** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**

5a. If married, widowed, or divorced **Sarah**
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **12-1-72**

7. AGE Years **64** Months Days **30** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Merchandise**
10. Date deceased last worked at this occupation (month and year) **12-31-36** 11. Total time (years) spent in this occupation **66**

12. BIRTHPLACE (city or town) **Pa**
(State or country)

FATHER 13. NAME **R. Z. Replogle**

14. BIRTHPLACE (city or town) **Pa**
(State or country)

MOTHER 15. MAIDEN NAME **Mary Ann Ferry**

16. BIRTHPLACE (city or town) **Pa**
(State or country)

17. INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION OR REMOVAL **Johnstown, Pa.**
Place **Johnstown, Pa.** Date **Jan. 1 1937**

19. UNDERTAKER **Phys. O. Mitchell & Sons**
(Address) **900 Eutaw Place**

20. FILED **1-1937** **Huntington Williams, M.D.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Dec 31 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 17 1936** to **Dec 31 1936**
I last saw him alive on **Dec 31 1936**. Death is said to have occurred on the date stated above, at **822 p.m.**

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus

Date of onset **12-31-36**

Other contributory causes of importance:

Was an operation performed? **yes** Date of **Dec 21, 1936**

For what disease or injury? **Benzon Prostatic Hypertrophy**

What test confirmed diagnosis? **operative specimen** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? **no** Date of injury **19**

Where did injury occur? **no**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **James H. Demana** M. D.
(Address) **Johns Hopkins Hospital**

30636 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Winona Apts*
 CITY OF BALTIMORE: (No. *Park av & Monument St.* 11-2 Ward)
 Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Charlotte Souther Perkins*

(a) Residence: No. *Winona Apts* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *April 21, 1879*

7. AGE Years *57* Months *8* Days *10* LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
 10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Elisha H. Perkins*14. BIRTHPLACE (city or town) (State or country) *Baltimore Maryland*15. MAIDEN NAME *Jean D. Falconer*16. BIRTHPLACE (city or town) (State or country) *Baltimore Maryland*17. INFORMANT *Mrs. W. S. Kinley Jr. (Sister)*
(Address) *272 Belmont Rd. W. Baltimore Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Airy* Date *July 27, 1937*19. UNDERTAKER *Stewart & Son*20. FILED *1937* *Stewart & Son* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 31 - 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 25 - 1936* to *Dec 31 - 1936*

I last saw him alive on *Dec 31 - 1936*. Death is said to have occurred on the date stated above, at *11 A. m.*

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency Date of onset *1935*
Bronchial asthma *1935*

Other contributory causes of importance:

Mr. Pneumonia *Sept 1936*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) _____

Chas. J. Keller M. D.
 (Address) *222 W. Monument St.*

F 30637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? 75 yrs. 9 mos. 29 ds.

2. FULL NAME

Noah Pierson

No War Service

(a) Residence: No. 2713 N Calvert St. _____ Ward _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Pierson

6. DATE OF BIRTH (month, day, year)

3-2-61

7. AGE

Years 75Months 9Days 29

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

John W Pierson

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Eliza Mayhew

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

David Ridge Lane Date Jan 2/38 19

19. UNDERTAKER

(Address)

Stewart & Mowbray Company 105 W. North Avenue

20. JUNE 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 193622. I HEREBY CERTIFY, That I attended deceased from Dec 13 1936 to Dec 31 1936I last saw him alive on Dec 31 1936. Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from duodenal ulcer - Has had duodenal ulcer 30 yrs, treated mainly.

Date of onset Dec 11, '36

Other contributory causes of importance:

Hypertension, arteriosclerosis, arteriosclerosis: ht disease, (angina)

Was an operation performed? NO Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

B. Hallis Hand

M. D.

(Address) #376

30638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30638

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore General Hospital* Registered No. _____
 CITY OF BALTIMORE: (No. _____ St. _____ Ward) *24-4*
 Length of residence in city or town where death occurred _____ yrs. *23* mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME *Richard D'Antonio* If U. S. Veteran specify WAR _____
 (a) Residence: No. *1521* *Belt* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

c. DATE OF BIRTH (month, day, year) *Jan 25 1935*

7. AGE Years *1* Months *23* Days *5* If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Balto* (State or country) *md*

13. NAME *Guy D'Antonio*

14. BIRTHPLACE (city or town) *New York* (State or country) _____

15. MAIDEN NAME *Viola A. Skirka*

16. BIRTHPLACE (city or town) *New Jersey* (State or country) _____

17. INFORMANT *Miss Viola A D'Antonio* (Address) *1521 Belt St*

18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Jan 2 1937*

19. UNDERTAKER *John H. D'Antonio* (Address) *715 Light St*

20. TIME *1937* *Washington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/30, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *12/30, 1936* to *12/30, 1936*

I last saw him alive on *12/30, 1936* Death is said to have occurred on the date stated above, at *11:45 pm*.

The principal cause of death and related causes of importance were as follows:

Belateral Bronchopneumonia
(over)

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *Louis J. Krall* M. D.

(Address) *South Baltimore General Hosp.*

30639

(Ebert)

F 30639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *W.D. Gen. Hospital* Registered No. *107a*
 CITY OF BALTIMORE: (No. *21-1* St. *21-1* Ward)
 Length of residence in city or town where death occurred *3* yrs. *6* mos. *22* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *George Ebert*
 (a) Residence: No. *722* *W. Cross St.* Ward. *21-1*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced HUSBAND of *Miss R. Ebert* (or) WIFE of
 6. DATE OF BIRTH (month, day, year) *June 9, 1905*
 7. AGE *31* Years *6* Months *22* Days If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unemployed*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0087*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*
 13. NAME *Charles E. Ebert*
 14. BIRTHPLACE (city or town) *Baltimore* (State or country)
 15. MAIDEN NAME *Elizabeth Lamb*
 16. BIRTHPLACE (city or town) *Baltimore* (State or country)
 17. INFORMANT *Miss R. Ebert* (Address) *722 W. Cross St*
 18. BURIAL, CREMATION, OR REMOVAL
 Place *London Park* Date *Jan 2, 1937*

19. UNDERTAKER *John H. Ebert* (Address) *715 Light St*
 20. REGISTRAR *Huntington Williams, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec. 31, 1936*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) *11:10 am*
 obtained by said *find that said deceased came to death on the day stated above.*
 The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. Nam Arner* M. D.

Coroner

(Address)

1937



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

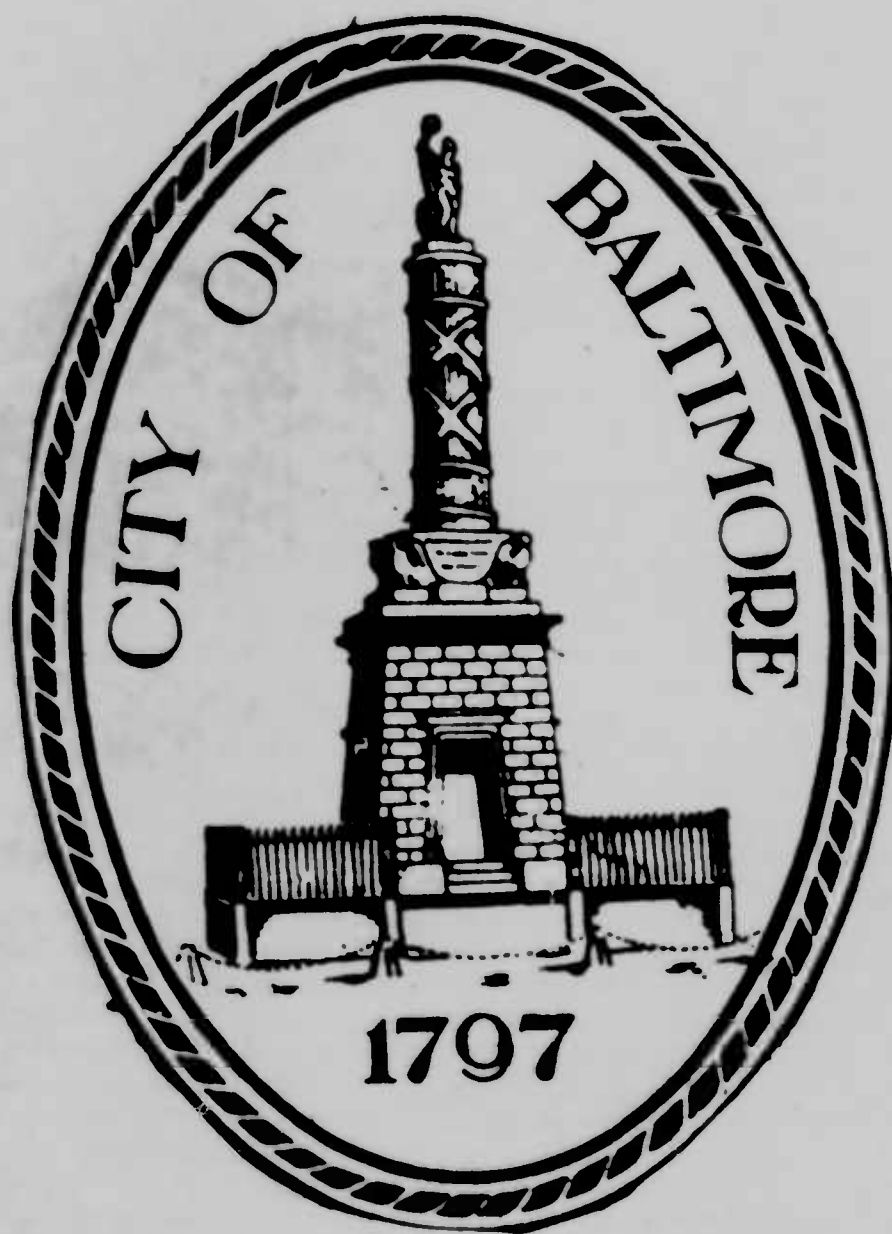
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 29th DAY Sept.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH # F 27626
SEPT. 28, 1936 AND
ENDING WITH # F 30639
JAN. 1, 1937 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL